


**Council of the District of Columbia
COMMITTEE ON FACILITIES AND FAMILY SERVICES**

MEMORANDUM

1350 Pennsylvania Avenue, NW, Washington, DC 20004

TO: Nyasha Smith, Secretary of the Council
FROM: Janeese Lewis George, Chairperson of the Committee on Facilities and Family Services
RE: Closing Hearing Record
DATE: March 14, 2023



Dear Ms. Smith,

Please find attached copies of the Agenda, Witness List and testimony for the Committee on Facilities and Family Services performance oversight hearings for the Office of the Ombudsperson for Children and the Child and Family Services Agency held on February 24, 2023.

The following witnesses testified at the hearing or submitted written testimony to the Committee:

Office of the Ombudsperson for Children

Public Witnesses

1. Sharra Greer, Policy Director, Children's Law Center
2. Stephanie McClellan, Deputy Director, DC KinCare Alliance
3. Arika Adams, Executive Director, CASA for Children of DC

Government Witnesses

1. Shalonda Cawthon, Ombudsperson, Office of the Ombudsperson for Children

Child and Family Services Agency

Public Witnesses

1. Melody Webb, Executive Director, Mother's Outreach Network
2. Tiffany Blakney, Executive Director, Legal & Advocacy Fellow, Mother's Outreach Network/DC Guaranteed Income Coalition
3. Maria Jackson, Mother's Outreach Network/DC Guaranteed Income Coalition
4. Marla Spindel, Executive Director, DC KinCare Alliance
5. Stephanie McClellan, Deputy Director, DC KinCare Alliance
6. Marilyn Wilson, Community Board member, DC KinCare Alliance (*for the record*)
7. Mikeisha Blackman, Community Board member, DC KinCare Alliance
8. Destiny Davis, Public Witness
9. Arno Fonkoue, Public Witness

10. Derren Richardson, Public Witness
11. Amiya Bullock, Public Witness
12. Rowena Scott, ANC Commissioner, 8E08 (*no written testimony*)
13. Sandra Seegars, Concerned Residents Against Violence
14. Deni Mendoza, Public Witness
15. Demetrius Harvin, Public Witness (*for the record*)
16. Kirby Riley, Public Witness (*no written testimony*)
17. Marcos Martinez, Public Witness (*for the record*)
18. Raphael Osborne, Public Witness
19. Nandi Barton, Public Witness
20. Jaime Llanos, Public Witness
21. Marie Cohen, Author, Child Welfare Monitor
22. Michelle Sewell, Shelter Director DC SAFE (*no written testimony*)
23. Dionne Bussey Reeder, Chief Executive Officer, Far Southeast Family Strengthening Collaborative
24. Tameria Lewis, Senior Director of Government Affairs, DC Charter School Alliance
25. Vera Johnson, Program Manager, Far Southeast Family Strengthening Collaborative
26. Terrance Davis, Director, East River Family Strengthening Collaborative Family Success Center (*no written testimony*)
27. Angela Draughn, Family Success Center Manager/Anacostia FSC, Martha's Table (*no written testimony*)
28. Dana Ebiasah, Advocate, Thriving Families Safer Children
29. Sabrina Khattab, Program Manager, Capital Area Asset Builders
30. Lisa Wilson, Public Witness
31. Lucila Suarez, Public Witness
32. Kaniya Christian, Public Witness (*no written testimony*)
33. Nisa Hussain, Early Childhood Program Manager, DC Action
34. Wayne Enoch, AFSCME Local 2401
35. John Davis, Public Witness
36. Veronica Proctor, Public Witness
37. Del McFadden, Director of Birth Parent, Youth, & Community Engagement (NCCF)
38. Rebecca Radinsky, Social Worker, The National Center for Children and Families (NCCF)
39. Toya Thompson, Foster Parent, NCCF (*for the record*)
40. Sabrina Hayden, Foster Parent, NCCF
41. Dr. Bruce Purnell, The Love More Movement, Inc.
42. Jamila Green, Coordinator, Smart From The Start
43. Dr. Stephania Herrera, Executive Director, BEST Kids (*for the record*)
44. Sarah Barclay Hoffman, Policy Director, Early Childhood Innovation Network (*for the record*)
45. Dorian Thomas, Mentor Support Specialist, BEST Kids (*for the record*)
46. Tamara Brooks, Parent Educator Program Manager, Community Family Life Services (*for the record*)

Government Witnesses

1. Robert L. Matthews, Director, Child and Family Services Agency

Council of the District of Columbia
COMMITTEE ON FACILITIES AND FAMILY SERVICES
NOTICE OF COMMITTEE MEETING
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004

COUNCILMEMBER JANESE LEWIS GEORGE, CHAIRPERSON
COMMITTEE ON FACILITIES AND FAMILY SERVICES

ANNOUNCES A PERFORMANCE OVERSIGHT HEARING FOR THE
OFFICE OF THE OMBUDSPERSON FOR CHILDREN

AND

CHILD AND FAMILY SERVICES AGENCY

Friday, February 24, 2023, 12:00 p.m.

Remote Hearing via Virtual Platform
Streamed live at www.janeeseward4.com/live.

AGENDA AND WITNESS LIST

- I.** Call to Order
- II.** Opening Remarks
- III.** Performance Oversight Hearing

Office of the Ombudsperson for Children

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- 3. Arika Adams, Executive Director, CASA for Children of DC

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21. Marie Cohen, Author, Child Welfare Monitor
22. Michelle Sewell, Shelter Director DC SAFE
23. Tina Frundt, Executive Director, Courtney's House
24. Dionne Bussey Reeder, Chief Executive Officer, Far Southeast Family Strengthening Collaborative
25. Vera Johnson Program Manager, Far Southeast Family Strengthening Collaborative
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Government Witnesses

1. Robert L. Matthews, Director, Child and Family Services Agency

IV. ADJOURNMENT



**Submitted Written Testimony
CASA for Children of DC
220 I St NE, Suite 285, Washington DC
202-887-0007 info@casadc.org
www.casadc.org**

**To: The Committee on Facilities and Family Services
Re: Performance Oversight Hearing, Child and Family Services Agency
February 24, 2023**

Introduction

Good afternoon Councilmember Lewis George and members of the Committee on Facilities and Family Services. My name is Arika Adams, I am the Executive Director of CASA for Children of DC. Thank you for the opportunity to testify today. CASA DC is grateful for all that the Child and Family Services Agency does for DC's child welfare involved youth, and for the presence of the Youth Ombudsperson to further the well-being of youth and to impartially seek resolutions to concerns. We applaud efforts of CFSA to narrow the front door, to provide preventative resources to avoid uprooting and separating families, while ensuring stability and support. Yet abuse and neglect is still a reality for all too many of DC's youth. And we must ensure that their ongoing needs are addressed to improve outcomes for DC's youth. CASA DC believes that through enhanced partnership opportunities, we can ensure greater paths for youth to thrive.

For more than 20 years, CASA DC has provided compassionate, trauma-informed, and cost-efficient care to DC's foster youth. Founded in 2002 with an initial focus on foster youth, CASA DC has provided vital support to over 1900 DC youth and trained more than 2000 volunteers. We were founded with a vision that every vulnerable, court-involved youth in DC is supported by a positive adult figure, who can serve as a consistent support and a voice for that youth, so that they can thrive. This work is driven by volunteers - members of the DC community - dedicating their time and passion to supporting DC's future – and most vulnerable youth.

Our work is essential. Children in foster care have experienced trauma, predisposing them to lower academic achievement, high risk behavior, and future unemployment and homelessness. While CFSA is providing services to address these challenges – more can be done for our youth. CASA DC has proven success in helping DC's youth thrive. Our youth are doing better in school than their peers. They are building coping mechanisms and developing strategic goals. CASA youth are receiving vital one-on-one support from a positive adult figure dedicated to meeting

their individual needs. Yet we are serving less than one-third of CFSA's youth. We have the capacity to serve more, and volunteers who want to serve – but greater partnership is needed from the agency to identify and refer youth for services. CASA DC is taking care of the District's children and positioning them for brighter futures. But not only are we receiving less referrals than we have the capacity to serve, but we are not getting paid by the District for the services that we provide.

One-on-One Mentorship and Advocacy for DC's Youth

CASA stands for Court Appointed Special Advocates - specially trained volunteers who provide mentorship and best interest advocacy to court-involved youth. CASA volunteers serve as a protective factor for traumatized youth - stable and positive adult figures who help to mitigate the impact of trauma through mentorship and advocacy.

Youth who have experienced trauma are paramountly impacted. They face lower academic achievement & increased risk of future unemployment, homelessness, & high-risk behavior. Adverse Childhood Experiences (ACES), causing trauma, have been linked to risky behavior, lessened school performance, relationship difficulties, & chronic health conditions, diminishing opportunities through adulthood. (CDC, 2019) Positive adult figures are an identified protective factor against the impact of trauma (CDC). CASA volunteers are this person for their youth.

What does this look like? CASA volunteers are recruited from the community based on their passion for supporting youth. Many bring preexisting experience - from teaching to law - but all of our volunteers complete background checks and a 30-hour trauma-informed culturally responsive training. From there, they are matched with only one child or sibling group, with whom they develop a mentoring relationship - engaging youth in positive activities, like visiting a museum, and assisting the youth with goal attainment - improving grades or applying for jobs.

Based on the relationship formed, CASA volunteers represent their youth's best interests in Court. We are the only organization in DC that unites child advocacy with mentorship - in fact, it is the personalized one-on-one relationships that our volunteers form with youth that drives their advocacy, ensuring that the child's voice is heard in court.

Youth with a CASA volunteer are positioned for greater outcomes. CASA for Children of DC is committed to providing court-involved youth with individualized support to achieve present goals and improve lifelong outcomes across four domains explicitly identified to help mitigate the impact of trauma in youth.

In 2022, CASA Volunteers dedicated more than 10,000 hours to mentoring and advocating for DC's youth. With their support:

- 205 youth were supported in Permanency, with 184 CASAs helping to support youth's placement stability by promoting positive caregiver/youth interactions.
 - With this support, 127 CASA youth remained stable in the same placement over the past year
- 201 youth were assisted with education and learning by their CASAs
 - Though research indicates that somewhere between 30 to 96% of foster youth perform below grade level (Morton, 2015), more than 4/5ths, or 188, of CASA DC youth were on grade level.
 - More than half of CASA youth (n=139) met or exceeded academic expectations – 8 times higher than CFSA-involved youth overall and 65% higher than DCPS students as a whole (OSSE DC School Report Card Assessments)
- 216 youth were supported in well-being, including social wellness support, mental health, and physical well-being
 - 211 youth served by CASA demonstrate positive prosocial behaviors
 - 211 youth demonstrate positive communication skills
 - 210 youth can identify positive coping strategies and 208 of those youth practice positive coping strategies at least some of the time
- 207 CASA youth were supported in building Life Skills to strengthen their future, with 177 CASA volunteers recommending resources and supports to enhance building life skills
 - 155 CASA youth were engaged in skill-building activities
 - 196 of youth were empowered to have established future goals
 - 108 older youth were engaged in workforce preparation
- Nearly 500 recommendations were made to the Court to promote the best interests of youth; more than two-thirds were supported or ordered by the Judge.
- With CASA volunteers by their side, even with the ways the pandemic decimated the availability of our volunteer-force and the social support of many, 219 CASA youth had a trusted adult figure in their life

This support came with no financial support from or cost to the District. With DC funding, we could do so much more.

Funding

While DC's Child & Family Services operates at \$18,138 per youth, per month, CASA DC's services are provided at \$471 per youth, per month, \$350 of which is covered by the DC Superior Court. Not only does CASA DC make a difference – but we do so in a cost-efficient manner. Despite this, CASA for Children of DC has not been included in DC's budget since Mayor Fenty's time in office. Nor do we have any formalized contracts with the Child and

Family Services, despite the hundreds of CFSA-involved youth we provide vital service to each year.

CASA DC has never received VOCA funding from the District, despite providing case management services to and community education on youth victims of abuse. As early as 1998, the Office for Victims of Crime determined Court Appointed Special Advocate (CASA) programs were eligible to receive VOCA funding through state victim assistance grants. CASA programs are uniquely qualified to use the direct service funds to support the recruitment, screening, training & supervision of CASA volunteers, enabling local CASA programs to cost-effectively provide direct services for victims of child abuse. VOCA has since become one of the most significant funding sources for CASA organizations throughout the country. In 2019, over 500 state & local CASA organizations in 46 states received a total of over \$73M in VOCA funding. This trend highlights that CASA programs are widely recognized as effective & cost effective as direct support for child victims. CASA DC, however, has never benefited from VOCA funding.

In addition to VOCA funding, CASA DC's services clearly qualify for Title IV-E Funds. However, a contractual relationship with CFSA is necessary to secure this funding. Not only would this benefit CASA at no cost to the agency – but the agency could receive additional funds by pursuing this opportunity. In 2010, the Department of Health & Human Services Administration on Children, Youth, and Families to NCASA explicitly determined that the training provided to CASA volunteers is eligible for Title IV-E funding. Receiving this funding would require a formalized contract between CFSA and CASA DC to allow for reimbursement – but doing so is a win-win. CASA DC trains community-based volunteers to provide increased services and supports to CFSA youth. Not only that, but CFSA would have the opportunity to retain 25% of the Title IV-E funding awarded while providing 75% to CASA DC. That means more money for DC's youth – *if* CFSA is willing to extend a partnership opportunity.

There is so much more that can be done for our youth. And while CFSA is doing a lot, it is not enough – particularly in the areas of education and mental health. CASA DC is now using its own funding to build additional support to youth in these areas.

Providing Needed Services

Expanded Therapeutic Services

Up to 80% of children enter the foster care system with significant mental health needs. (Lohr and Jones. 2016). CASA has seen firsthand the profound impact that trauma has on our youth and the vital need for therapeutic services, especially following the compounded trauma and isolating impact of the COVID pandemic. We have also seen firsthand the difficulties our youth

face in gaining appropriate therapeutic support; and we recognize the barriers to participation – from limited resources, to community taboos, to access gaps.

Last year, CASA DC decided to begin offering behavioral and mental health services to youth and families, ensuring that we are better meeting our youth, and their needs, where they are. Since its launch in late 2022, our individual therapy program has treated 45 youth and/or families, providing treatment and support for the trauma and adjustments that they are going through. Our programming is designed to reduce barriers - particularly important as more than 90% of the youth who we serve are Black. We know that historic racism and lack of access has led Black communities to be less likely to utilize mental health support. We connect with youth and families in-person and virtually, during days and evenings, in our office and in the community. We also provide all of our services at no-cost to youth and families with the support of federal, local, and foundation funding. CASA DC strives to provide treatment and support without barriers, to help our youth thrive.

CASA DC's traditional therapy services are offered to youth ages 2-21 who are already served by the organization, involved with the court system, impacted by childhood traumas (including substance abuse and gun violence), and youth identifying as LGBTQ+. The modalities we utilize most often in therapy are Dialectic Behavioral Therapy techniques, Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, and Play Therapy.

Dialectical Behavior Therapy (DBT) Techniques

- Dialectical Behavior Therapy, otherwise known as DBT, is a four-tier approach focused on emotional regulation, mindfulness, distress tolerance, and interpersonal effectiveness skills.
- This approach works best with those who have difficulty managing their emotions in various ways including anger, irritability, inattention, sadness, and anxiety. Often youth within the foster care system face traumatic situations that evoke many of these emotions. DBT helps them learn how to best navigate and tolerate those emotions.
- DBT uses mindfulness based skills to teach youth the best ways to reduce their suffering and alleviate symptoms.
- It can be adapted to treat a wide variety of disorders such as Behavioral/Conduct Disorders, Bipolar Disorder, and Post Traumatic Stress Disorder

Cognitive Behavioral Therapy (TF-CBT)

- Cognitive Behavioral Therapy is a commonly used framework efficient with clients suffering from Depression and Anxiety.
- In addition to this framework, Trauma Focused- Cognitive Behavioral Therapy stresses the importance of a trauma-informed approach in meeting our youth's needs.

- TF-CBT includes the creation of a Trauma Narrative- the chance for our youth to tell their story using whatever creative medium they choose whether that be writing a story, creating a song, choreographing a dance, or drawing.

Motivational Interviewing

- Motivational Interviewing is used most often with youth who are suffering from behavioral disorders, substance abuse, or overall difficulty with motivation.
- In allowing youth to create their own goals and establish their plan for change, this modality allows the youth to be in the driver's seat of their own treatment.
- We know that with so many things out of the youth's control in various court interactions, the decision making power and ability to make their own decisions is extremely helpful in well-being, self-esteem, self-development, and learning to make healthy decisions as they grow into a young adult.

Play Therapy (younger youth, typically ages 2-10 depending on developmental stages)

- Play is a child's language, and utilizing play therapy techniques in our work with younger kids is a priority. This is key in meeting the youth where they are at.
- Using tools that we have available in the office including books, musical instruments, art, and toys help youth to process their difficulties and emotions in ways that make sense to them.

Our therapists serve CFSA-involved youth – yet there is no cost to the agency. However, youth must be referred to CASA DC to receive this support – something that CFSA should be doing at a far more increased rate to ensure greater service to youth. And with VOCA funding, more clinical staff can be hired to enable increased therapeutic support for our youth. There is so much more that can be done for DC's youth with expanded funding and services.

Supportive Peer Groups

In addition to our individual therapy, we are also serving youth in the community through evidence-based peer circles. Offered at BARJ Drop-In Centers, DYRS Achievement Centers, and virtually, these Circles, based on the evidence-based One Circle model, incorporate Motivational Interviewing, Cultural Responsivity, Strengths-Based approaches, and Trauma-Informed practices. Utilizing gender-responsive interventions designed in evidence-based principles and practices, One Circle's curriculum incorporates Motivational Interviewing, Cultural Responsivity, Strengths-Based approaches, and Trauma-Informed practices. Studies have revealed the following outcomes with youth when using the One Circle Curriculum:

- Increases in positive body image
- Increases in social support
- An increase in attachment to school

- A decrease in self-harming behavior
- A decrease in rates of alcohol use

Circles help youth learn and engage in healthy and appropriate social interactions, self care, relationships, and expression. They engage youth in activities, dialogue, and self expression while helping to increase emotional, social, and cultural literacy, promoting valuable relationships between peers and facilitators in trusting and supportive environments. In just 3 months, CASA has served 75 youth through the groups held at BARJ centers.

We are also building partnerships to offer Unity Circles to LGBTQ+ youth and their allies which build on these principles with a focus on diversity, equity, inclusion, and intersectionality. Unity Circles create a space beyond the gender binary that responds to the needs and strengths of LGBTQ+ communities, gender diverse and gender non-conforming youth, and Black, Indigenous, and People of Color (BIPOC) populations and allies. Unity Circles promote an emotionally safe and brave setting and structure in which all youth and/or adults can develop supportive and healthy connections.

When youth and adults voice their ideas, opinions, and lived experiences in a safe environment, it strengthens their confidence and self-esteem. It encourages them to express themselves more fully and critically think through their behaviors and choices. By examining cultural factors and social conditioning in a circle setting, they gain a deeper awareness of their perspectives and affirm their ability to make healthy choices that align with their values. We also provide interested youth with individual mentoring to help foster and support their overall well-being and ensure healthy physical, mental, and social development.

Enriching Opportunities

Safe, engaging activities are an identified protective factor against adverse childhood experiences. (CDC, 2021) CASA for Children of DC is dedicated to providing opportunities for our youth to have positive, enriching experiences, and to build skills to live independent and fulfilling lives.

Throughout the year, CASA youth are given the opportunity to engage in a variety of fun activities, from nature scavenger hunts to sports games. We are committed to giving our youth memories to last a lifetime and positive experiences to help them heal. In 2022:

- CASA DC youth had the chance to learn about their history and heritage at the National Museum of African American History and Culture
- Youth nourished health and community at an overnight camping retreat with art, swim, archery, challenge courses, hiking, yoga, and more
- Youth explored nature on a scavenger hunt with the National Zoo's Conservation Nation.

- We celebrated Spring with a Bunny Hop for our youngest youth, while older youth had a self-care day enriching their minds and bodies with yoga and learning hair and skin care.
- Families had a chance to bond together at a Family Movie Night, a Family Game Day, and a Cooking and conversation night
- We celebrated Halloween with crafts and a movie.
- 250 backpacks were donated to youth at a Back to School drive, ensuring that every CASA DC youth at each grade level had supplies.
- CASA youth attended a birthday party with Washington Commanders Star Wide Receiver, Terry McLaurin.
- Sixty-Six CASA DC families were provided with items for a Thanksgiving meal, along with books and free haircuts.
- Youth engaged in fun and festivities at CASA DC's annual Youth Holiday Party, with card making, cookie decorating, and more.

In 2023, we are proud to launch CASA Days – monthly opportunities for CASA youth of all ages to engage in skill-building workshops and positive activities. In January, our youth enjoyed hands on STEM activities and free sports equipment. In February, we are promoting self-love with a ‘Treat Yourself Day’ – including brunch, painting, self-care activities, and Black History Month trivia. In March, we will be offering an art series.

There is so much that CASA DC has to offer to DC's court-involved youth. With increased collaboration and funding, we can make an even greater difference.

Conclusion

CASA for Children of DC has been dedicated to DC's foster youth for more than 20 years. Our volunteers empower DC's youth to greater outcomes and success. Our unique hybrid model of advocacy and mentorship makes a measurable, transformative difference in youth's lives. We are so proud of the no-cost, barrier-breaking support that we are able to offer DC's youth and families through our new Clinical Program and the continued support we provide to help DC's youth not only to survive, but to thrive.

We have the capacity to serve more youth and to make a difference in more lives. But strengthened partnership and collaboration is necessary to ensure CFSA's youth are referred for these supports. We implore the agency to consider formalized partnership or referral procedures.

Thank you Councilmember Lewis George and members of the Committee on Facilities and Family Services. We welcome any questions. Thank you all, for your time and for your support.

Nandi Barton

Father Child Attachment Home Visiting Program Participant

Mary's Center for Maternal and Child Care, Inc.

Good morning, and nice meeting you council member Janeese Lewis George and committee members, as always, I appreciate the chance to testify. My name is Nandi, I am a Home Visitor at Mary's Center for the Fatherhood Child Attachment Home Visiting Program. I Want to provide a snapshot of my experience, concerns and within hope this will create change.

As a community leader and as SINGLE mother I took on this role because I know based on my experience the importance of having someone support you with navigating life as a parent. However, after trainings I learned how imperative this job is; within my role, I offer counsel, I mentor provide individualized education regarding child development, support in customizing family goal plans, provide public health education, case management. Implement ALL 6 protective factors BY SUPPORTING parent resilience, social connection, concrete SUPPORTS FOR PARENTS, reducing stressor by helping them find housing (which 3 dads found housing and is no longer homeless! And I'm ever so proud of them! AND THIER RESILENCE), food resources, CLOTHING provide one on one mental health support and creative ways to strengthen families and children's lives. We put our participants first and walk with them on this journey of parenthood. We meet with our participants as many times as they need, to support them and their children. I sit down and educate families on how to nurture the development of their children. The list goes on, I have many roles in one. This program helps fathers immensely.

Based on The Fatherhood Initiative study, children with involved fathers have a solid foundation for child well-being. A healthy Father Presence lowers the risk for poor childhood outcomes, such as Poor School Performance, Teen Pregnancy, Incarceration as Juveniles, Alcohol and Substance Abuse Criminal Activity, Suicide and more that you can see on the fatherhood initiative website. This program strengthens fathers so they can be the dad's children need.

I felt honored to be in this role, I immediately said yes because as someone with a high ace score I can provide support to the lives of the children and the family of our community, and I honestly thought the government cared about my role as well. Yet to my surprise, there is little to no investment or concern about the wellbeing of a home visitor. I am I thankful that CFSA (Child and Family Services Agency) took the especially crucial step to create a program that Is long overdue to support the fathers that has been neglected since they were in their mother's womb? Because the city has not provided adequate support to low-income families for centuries. As we know based on the CDC (Center for Disease Control) Adverse childhood experience Study, one of the largest investigations of the link between childhood maltreatment, health, and well-being later in life childhood trauma I linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. HIGH ACE SCORES can also negatively impact education, job opportunities, and earning potential. Which make my role even more important because OUR FAMILIES ARE STILL living in under-resourced AND racially segregated neighborhoods, experiencing food insecurity, WHICH CAUSE toxic stress THAT can negatively affect children's brain development, immune systems, and stress-response systems. MY ROLE

SUPPORTS PARENT IN CREATING sustainable safe, stable, nurturing relationships and environments for all children and families to prevent ACEs so their children can reach their full potential and thrive. I also implement protective factors states to help fathers reverse the trauma they received, due to the struggles THEIR PARENTS HAD, because of the underfunding and racism. We are still here! Yet I do not receive the same respect and regard as social worker, nurse, therapist, and other health care professionals. I had no Idea that I was going to struggle more as a home visitor and must fight every morning to put my own struggles aside because we are so underpaid to the point, I can't even care for my own family. I'm often late on my rent and bills I cannot qualify for food stamps or any type of government assist, OR RECIEVE CHILDCARE because I'm 5 dollars over the ever so low poverty line. I'm constantly struggling to stay afloat. We need more pay that matches all the work and efforts we put into the lives of our families and community. I choose to wipe my tears and continue to sacrifice because I know how much our participants need this program. programs because there are few that especially support dads. We need more programs so fathers can get the resources they need to be a present dad. OUR CHILDREN NEED THEIR FATHERS TO INCREASE THE CHANCES OF A GOOD LIFE. LOOK AT THE STATS!

To close, I hope that the testimonies, reiteration of the studies and data create space in the hearts and minds of the council members to see the urgency of immediate change to our system and the need for more funding, and community support. I hope the council members and other organizations here will work to collaborate to create more safe spaces, resources, and opportunities for fathers in our city. We need to stand together to create a better community for the future of the CHILDREN AND OUR COMMUNITY, the point of having hearing, that create space for public testimonials is for us to collaborate and create solutions for our community and bring awareness to fill the gaps here, today. The more trauma-informed interventions that help to mitigate negative outcomes the better we can be.

Thank you,

Nandi Barton

Father Child Attachment Home Visiting Program Family Support Worker / Home Visitor

Mary's Center for Maternal and Child Care, Inc

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MIKEISHA BLACKMAN
PUBLIC WITNESS
February 24, 2023

Good afternoon, Chairperson Lewis-George and Members of the Committee on Facilities and Family Services. My name is Mikeisha Blackman and I am a resident of Ward 1 and the adoptive mother to my severely disabled 4 year old daughter.

My daughter was diagnosed with autism when she was 2 years old. Today, she requires a lot of undivided attention and supervision. She cannot talk on her own; she uses an electronic device to communicate verbally. Although she is mobile, she still requires the specialized help of an occupational therapist, a physical therapist, a communication specialist and a feeding specialist. Because my daughter requires around the clock care, and I am the one who provides it, I cannot have a job. My only source of income is my daughter's SSI benefits of \$841 per month. Although I have a housing voucher to help provide stable housing, I still struggle with all the other expenses it requires to raise a disabled daughter, as well as keep myself well and healthy so that I can continue to be her primary caretaker.

In August 2022, with the help of DC KinCare Alliance, I applied for the Close Relative Caregiver Program and was approved on September 30, 2022. I am eligible for the subsidy because I took her into my care when she was a baby after her parents abandoned her, and then later adopted her. However, because CFSA subtracts my daughter's SSI benefits from the CRCP benefit, I found out that I would get nothing in CRCP benefits

for her. Not only is this so disappointing, but the way CFSA dealt with my situation made it even worse.

First, the CFSA worker Mr. Younger told me that I was approved but would get only \$30 a month because of the SSI deduction, and that they would call me when my EBT card arrived. I followed up with Mr. Younger in October and November and was told that they were still waiting for my card to come in. Finally, on December 5, DC KinCare Alliance reached out on my behalf to find out what was happening. Mr. Howard told her that I was actually not going to get a card or any subsidy because the amount after subtraction of SSI was actually zero, not \$30 a month and that I would have to wait until Abby turns 12 to receive any subsidy because that is when the daily rate goes up. I couldn't believe it! I was led to believe for months that I would finally receive some financial help (even though it wasn't a lot), only to be let down again.

I think that the CRCP is an important program that supports relative caregivers who are raising children who are not their own, like me. But the benefits need to be calculated more fairly. Specifically, a child's SSI benefits should NOT be deducted from the subsidy, especially when the caregiver cannot get a job due to the intensive care required by the child's disabilities. A woman and her severely disabled daughter should not be expected to live off of just the SSI benefit when other moneys are available to help. And she should not be strung along for months on a false promise of help.

Today I ask the Council to change the law so that SSI benefits are not deducted from the CRCP benefit amount. It makes no sense that I was approved for a benefit but then get no

money! With the current law, children with disabilities are getting less CRCP benefits than children who don't have disabilities. My daughter matters just as much as any other child.

Thank you for listening to my story.

**Testimony before the Facilities & Family Services Committee of the DC Council
Child and Family Services Agency Performance Oversight Hearing**

**Tiffany Blakney, Legal & Advocacy Fellow
Mother's Outreach Network
Tuesday February 24, 2023 12 p.m.**

Good afternoon. My name is Tiffany Blakney. I have two children, my oldest is 17 and my youngest is 7.

My first concern is with CFSA's new Safety Planning policy, because it removes children from parents and places them into the care of another family member without investigating the safety concerns enough. If parents are provided with a lawyer as soon as CFSA is involved, then they can help make sure that parents and children are being treated fairly.

The main issue I would like to focus on today is mental health. I feel that when children are uprooted from their homes, it creates separation anxiety and other mental issues for the children. These mental issues continue sometime for a lifetime if left untreated. I strongly feel that therapy and mental health services should be put in place as soon as a case is open, and should continue once a case is closed. Mental health issues are at an all-time high right now, coming out of the pandemic, especially among children. I am asking CFSA to close this gap of allowing mental health issues to continue untreated.

For example, I know siblings that were in CFSA custody since the age of 5, 8 and 11. The oldest graduated from high school, and was kicked out of the house by his adopted family about four years ago. At age 19 he learned he had schizophrenia. Now he is 21 years old and homeless. He refuses to take medicine, he doesn't have the competency to get a job. He won't enroll in mental health services. He won't stay in a shelter so how do I help him not become a statistic to society and be a successful young man?

I went through the steps of trying to help the kids, speaking with the lawyer, going through the kinship program. When their foster mother found out that I was trying to gain custody, she adopted them, which prevented me from getting custody and helping these children.

What I want to know is, who do these kids report to when they have issues like that and have aged out of the system? Why isn't someone checking on their mental

state? Everyone is gone once the case is over. There's no information available about what happened afterwards. We need statistics about what happens to children after they exit the system.

Moving forward, what mental health services is CFSA willing to provide to children who have open and closed cases? If CFSA provides mental health services and resources for families, I feel that would be the best option for everyone.

Thank you for your time.



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Hello everyone! I am Tamara Brooks, Parent Educator Program Manager at Community Family Life Services. I am speaking on behalf of the families that we serve through Home Visitation and our Nurturing Parent program. I appreciate your consideration and the opportunity speak with you today.

CFLS has provided individuals, families and children with tools and resources to help them move beyond poverty and homelessness in the District for more than 50 years. Our commitment to Women Re-entry, victims of domestic violence and homelessness for over 50 years as allowed CFLS to provide a safe housing and wrap-around supportive services to aid them as they move towards permanent self-sufficiency.

We are funded through Child and Family Services Agency (CFSA) since 2013 (10 full years) providing parenting group session group sessions and home visitation services to families in the District under Community-Based Child Abuse Prevention (CBCAP). Over the past six years, we have served hundreds of families through DC Correctional Centers, Fairview (Women) Halfway House, CSOSA and many community partnerships such as Sasha Bruce, My Sister's Place and House of Ruth.

Home visitation allows caregivers to impact families significantly. Studies have showed the following benefits to Home Visitation:

- Increases Parents knowledge, interaction and involvement and awareness of milestone and development
- Helps detect possible health concerns and or developmental delays
- Helps prevent the recurrence of child abuse and neglect
- Helps to identify learning disabilities early
- Refers families to programs and services such as Health Insurance, WIC, or special service
- Supports and strengthens the parent-child bond

Therefore, it is critical that we support Home Visitors with adequate pay wages and composition to allow Home Visitation workers to maintain a stable career. Recently in New York region, they recently increased Home Care workers' wages to a min of \$27.90, in November 2022. In Pennsylvania, a Home Health worker can earn up to \$64,500.

Home Visitation provide a unique average to help families overcome challenges with a comprehensive approach to combat barriers and connects families to resources. Pay increase can ensure that Home Visitation programs remain stable and ensure that Washington D.C families can thrive.



Testimony of
Amiyah Bullock
Young Professional

**Child and Family Services Agency
Performance Oversight Hearing FY22-23**

COMMITTEE ON FACILITIES AND FAMILY SERVICES

Friday, February 24, 2023, 12p.m.
Room 123, John A. Wilson Building
1350 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Hello Good Afternoon/ Good Morning Chairperson Lewis George and the members of Committee on Facilities and Family Services and Committee staff. My name is Amiya Bullock. I want to First start off by saying I'm very pleased to be given this opportunity to speak today. Also to have had the support from CFSA / OYE while in foster care. It wasn't always easy coping with many of my childhood difficulties. If it wasn't for their support, I don't think I would be where I am today so I want to thank the entire OYE / CFSA organization.

OYE has helped me pursue my dream as a licensed cosmetologist. Something I don't think I would've obtained had I not been in care and I'm very grateful for that. I'm currently employed as a Leasing Professional and I do plan on staying in this work field hopefully receiving my Real Estate License. I've also had the opportunity of being housed in a luxury 2-bedroom apartment for me and my son, Nahmir. I truly believe none of this would be possible without the help of Nicole Broome and Shumeka Moore, who are part of the Aftercare team at OYE.

Being in Care not only helped me on my journey to success but it also helped me view life differently and appreciate life so much more. I can honestly say since I've aged out, I have matured a tremendous amount. I was really a troubled teenager and now I have blossomed into a beautiful Woman and I still have much more growth to come. I really hope to one day have the opportunity to mentor young girls in care because I know what adversities they may struggle with, and I want them to know they are not alone. I come from a bad background maybe even worse than theirs and I can relate and show them that you create your future. No matter what is thrown your way you can always become successful and success is the best revenge.



Where Community and
Family Come First

Far Southeast Family Strengthening Collaborative
2006 Martin Luther King Jr. Avenue SE
Washington, DC 20020
(202) 889-1425 Office

Testimony of Dionne Bussey-Reeder, Chief Executive Officer
Far Southeast Family Strengthening Collaborative

before the

Council of the District of Columbia

Committee on Human Services

Fiscal Year 2022 Performance Oversight Hearing regarding the

Performance Oversight Hearing for Child and Family
Services Agency (CFSA)

February 24, 2023

Good afternoon, Chairwoman Lewis-George and members of the Committee.

I am Dionne Bussey-Reeder and I serve as the Chief Executive Officer for Far Southeast Family Strengthening Collaborative (FSFSC). Far Southeast Family Strengthening Collaborative is one of five collaboratives in the District of Columbia. I am here today to address this committee on behalf of Far Southeast, as well as my four other sister organizations in the Healthy Families, Thriving Communities Collaborative network: Collaborative Solutions for Communities, Georgia Avenue Family Support Collaborative, Edgewood Brookland Family Support Collaborative, and East River Family Strengthening Collaborative. Together, the five collaboratives work in tandem with the District's Child and Family Services Agency and many other DC agencies to provide an array of services for children, youth, young adults, single adults, seniors and families living in the District of Columbia. Examples of the work provided across our network include socio-economic development, parenting education and support, family stabilization, rapid rehousing and housing stabilization, a range of school-based programs, school truancy prevention, reentry support, youth violence prevention and intervention, and health and wellness for senior residents.

For nearly 30 years this collective has been dedicated to ensuring the safety, permanency and well-being of children, which is the ultimate goal of child welfare work. Through this collaboration, providing community-centered support, promoting safety, and protecting the rights of children and families are always the primary objectives.



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My testimony today will focus on two areas, the first being the strengths and success of this partnership between Child and Family Services Agency and its longstanding partners, the Collaboratives. I will conclude by detailing ways in which the Collaboratives, as partners, seek to grow with the District government to maintain and develop a comprehensive prevention place-based model.

Over the past 27 years, the Collaboratives and our community partners have engaged in extensive capacity building work. The Collaboratives have been involved in this work to ensure that the children and families we serve have an opportunity to live safe, happy and productive lives in safe, stable and thriving communities. Since the inception of the Collaborative movement, we have served as a “Community Convener” and we truly believe in what our founders call the *Community Helping System*, a way of working and supporting each other by building upon the strengths in our neighborhoods with the goal of the community being able to take care of itself because it has the skillset and resources to address emerging community concerns.

Additionally, we pioneered the utilization of the District’s first outcome-based database system, Efforts to Outcomes (ETO), for child welfare service provision. Utilizing this system allows us to not only quantify our success, but to also tell a story and demonstrate our impact at the individual and community level. I say all of this to drive home the fact that collaboration is a guiding principle of our network structure to support families.

I hope that as I transition to my next point, I am painting a clear picture that collaboration and partnership have power and lasting impact. I would like to take a moment to dive further into the Collaboratives’ collective vision for a more equitable partnership with Child and Family Services Agency. Collectively, CFSA and the Collaborative Network have developed and maintained a model that clearly demonstrates the ability of community providers to answer the call to prevent children and families from entering the child welfare system. It is our hope that as other child welfare institutions across the country seek out the District of Columbia as a resource to develop their model, the Collaborative partners are not left behind. In the same vein, we want to challenge our local government partners to improve their efforts in identifying and utilizing local experts who are already on the ground working to address the problems, before seeking solutions outside of the community and city. We have dedicated ourselves to being servant- leaders and innovators in place-based solutions for communities of challenge and are urging our government partners to recognize our role in this partnership as such.



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We are confident that the Collaborative's network played a pivotal role as partners with CFSA to assist the District of Columbia successful transition out of receivership.

Finally, I would like to conclude by sharing that in our work, supporting children and families in Ward 8, we see first-hand that children cannot be well without their families and the community system. Our experiences are backed by a body of evidence that shows that in most cases children do best when they remain with their own families and can access concrete services and supports that respond to their needs. Unfortunately for the Collaboratives, we are more often than not faced with financial barriers that challenge our organization's ability to provide life stabilizing, quality services. Specifically, our budgets are not created with inflation or increased cost of living in mind, consequentially our staff suffer. This places us in a challenging position to recruit and retain the talent needed to carry out this critical work. Further, our current budgets do not yield sufficient resources for competitive operational services that are essential to our infrastructure, thus threatening the Collaborative's stability.

We appreciate all that this committee and you have done, Chairwoman Lewis-George, to support the Collaboratives and I thank you for this opportunity to testify.



Testimony before the District of Columbia Council
Committee on Facilities and Family Services
Performance Oversight Hearing
Child and Family Services Agency

February 24, 2023

Marie K. Cohen
Child Welfare Monitor

Good afternoon! Thank you for the opportunity to testify today. My name is Marie Cohen and I live in Ward 6. I write the blog *Child Welfare Monitor* and serve on the citywide Child Fatality Review Committee. After my first career as a policy analyst and researcher, I became a social worker and served in the District's child welfare system until 2015. Soon after leaving that job, I began writing the blog to share insights from my time in the field. I'm proud that *Child Welfare Monitor* is read by some of the leading policymakers, advocates, and academics in the field. I take a child-centered approach, placing the safety and wellbeing of the child above all other considerations.

I'm going to devote most of my testimony to CFSA's recent Child Fatality Review report for 2021. It seems pessimistic, even ghoulish, to use child fatalities as an indicator of the functioning of the child welfare system. But sadly, fatality review is often the only way of knowing what happens when the agency elects not to get involved or to exit prematurely from involvement with a troubled family.

In 2021, CFSA's internal Fatality Review Committee reviewed the cases of 29 children or young adults who died during 2021 and whose families were known to the agency within five years of their deaths. (This includes only those 2021 deaths that were reviewed in 2021, omitting all those that were reviewed later.¹) The deaths are classified by manner of death, including natural, accident, homicide, suicide, undetermined or unknown. For three of these children, the manner of death was classified as "neglect homicide," including a three-month-old and a three-year-old who died of opioid poisoning and a 17-month-old with "thermal and scald" injuries.

But many of the other 26 deaths appear to be related to child maltreatment as well. Most of the deaths for which the manner was undetermined or unknown appear to have a component of neglect or abuse. That included an 11-month-old whose mother left him sleeping alone on his stomach with a bottle in his mouth, as well as two other deaths involving unsafe sleep. A 12-

¹ For more information on the timing issue and the child fatality report, see Marie Cohen, "CFSA's 2021 Internal Child Fatality Report: How Not to Learn From the Past." *Child Welfare Monitor DC*, February 13, 2023, available from <http://childwelfaremonitordc.org/2023/02/13/cfsas-2021-internal-child-fatality-report-how-not-to-learn-from-the-past/>

year-old girl died of an untreated bacterial infection and pneumonia but also showed signs of being beaten. The manner of death for a 7-week-old infant boy could not be determined because the body was never found. That must be the infant we all read about whose mother told the police that she rolled over her son when she was high on PCP, threw his body into the trash, and told the father that CPS took him. And the non-abuse homicide deaths included the six-year-old who was shot at 11:00 PM when she was outside a liquor store with her parents in an area where her father was involved in the violent drug trade. We all read about that one too.

For the nine older youths who died of gun violence, abuse or neglect may well have been contributing factors. The correlation between child maltreatment and violent death became obvious to me once I started sitting on the citywide Child Fatality Review Committee. I learned that many young victims of homicide grew up in families with long histories of reports to CFSA regarding lack of supervision, school absences, physical abuse, and other concerns. Some reports were screened out, some were not confirmed by CFSA, and some resulted in in-home services or foster care. But the services ended, the children remained or were returned home, and the maltreatment continued. Many of these families exhibited chronic child neglect, which occurs when a caregiver continuously fails to meet a child's basic physical, developmental, and/or emotional needs over time. Many of these children, with histories of trauma and little support at home or connection to school, eventually found a sense of belonging in the streets and took up violent and illegal activities—a trajectory that could perhaps have been prevented with a more effective intervention earlier in the child's life.

CFSA had many opportunities to help the children whose deaths were the subject of this report, and perhaps to prevent their deaths. Eighty-six percent of the dead children's families had reports to the hotline that were screened out within five years of the fatality, 79 percent of them had investigations, 41 percent of them had in-home cases, and two percent had foster care cases. Twenty of these families were no longer involved with CFSA at the time of the fatality. We will never know what CFSA knew when it closed these cases. Had the parents really changed, or had they just gone through the motions, or not even that?

We do know that nine of the 29 dead children's families were actively involved with CFSA at the time of the fatality through an in-home case or an investigation. Unfortunately, CFSA does not provide case studies and most of the data is aggregated. But we do know that one of the children whose families were involved with CFSA at the time of the death was the 11-month-old who was left alone with a four-year-old sibling, on her stomach with a bottle in her mouth. CFSA opened an in-home case on the family after the baby's death, but that was not enough to save her three-year-old brother, who died of opioid poisoning within six months. Families with In-home cases are supposed to receive two to four visits a month, depending on the need. But the mother's opioid problem was not discovered or addressed in time to save her child.

One might think that with so many children dying during or after contact with CFSA, the agency's fatality reviewers would make recommendations for policy and practice changes related to the hotline, investigations, and case management, but there were no such recommendations. The only recommendations in the report concerned the fatality review process itself, which raises questions about the reasons to have fatality review at all.

We know that CFSA has been steadily reducing the number of children in foster care. As the number of children in foster care fell during her tenure, Director Brenda Donald assured us that more children were being served in their homes instead. This was the very idea behind the federal Family First Act: that jurisdictions would serve more children in their homes instead of placing them in foster care. And indeed, between 2017 and 2019 the agency opened enough in-home cases that the total number of children being served actually increased, as shown in the attached table and chart. But since the end of FY 2019 CFSA has been taking fewer children into foster care *and* serving fewer at home. So, according to CFSA's Data Dashboard, the total number of children directly protected by CFSA has dropped from 2,144 on December 31, 2019, to 1,694 by the end of September of 2022--a decrease of 21 percent.

Declining numbers of cases can be due to both fewer cases being opened and shorter periods in care. For in-home cases, the data shared by CFSA on its dashboard shows both that fewer cases are being opened and that the average case is closing sooner. Foster care entries

fell from 387 in FY 2019 to 201 in FY 2022, but the CFSA dashboard does not provide data on time in foster care, making it impossible to know if the average length of stay in foster care has decreased.

The current staffing crisis may have contributed to this trend of retreat and retrenchment by CFSA. According to the oversight responses, the number of CPS vacancies increased from 18 on September 30, 2021 to 49 on December 14, 2022. There are 111 CPS social workers, meaning that almost one-third of the positions are vacant. As a result, there has been an increase in the amount of time that investigators carried more than the allowed maximum of 15 cases per worker and a huge jump in the number of backlogged investigations from only 72 in the whole of FY 2022 to 219 in just the first few months of FY 2023. It is likely that in-home and foster care social workers are equally overwhelmed. If workers are so overburdened, they may miss key issues, skip required visits, and make errors that can cost children's lives.

Director Matthews may tell us not to worry, that fewer children are being abused and neglected now due to the increasing emphasis on prevention through the Family Success Centers that CFSA opened in FY 2021. But the families most likely to use these centers are probably the least likely to abuse or neglect their children. Prevention is generally not accomplished through child welfare programs but through public health programs that work with new parents through home visits or pediatric offices. CFSA's job is to protect children already being abused and neglected, not to prevent maltreatment before it occurs. CFSA acknowledged this fact in its response to an oversight question from this committee.² The agency said that far too often, families are coming to its attention for reasons other than child safety. CFSA added that it plans to continue to address the needs of children and their families when child safety is at risk but will look to its "District Agency partners, community-based organizations, helping organizations, neighborhoods, individuals and families to play a larger role in preventing child abuse and neglect by addressing the important social determinants of health and overall well-

² See Child and Family Services Agency, *Performance Oversight Hearing Fiscal Year 2022-2023*. Available from <https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions-2-17-2023-FINAL-1.pdf>, pp. 210-211.

being to support children and families to thrive.” But in the same answer, the agency talks about its plan to transform itself into a “child and family well-being agency.” That very broad-sounding goal, and CFSA’s investment in the family success centers with their wide spectrum of activities, seems in direct contradiction to CFSA’s previously stated intention to concentrate on its core mission and leave prevention to others.

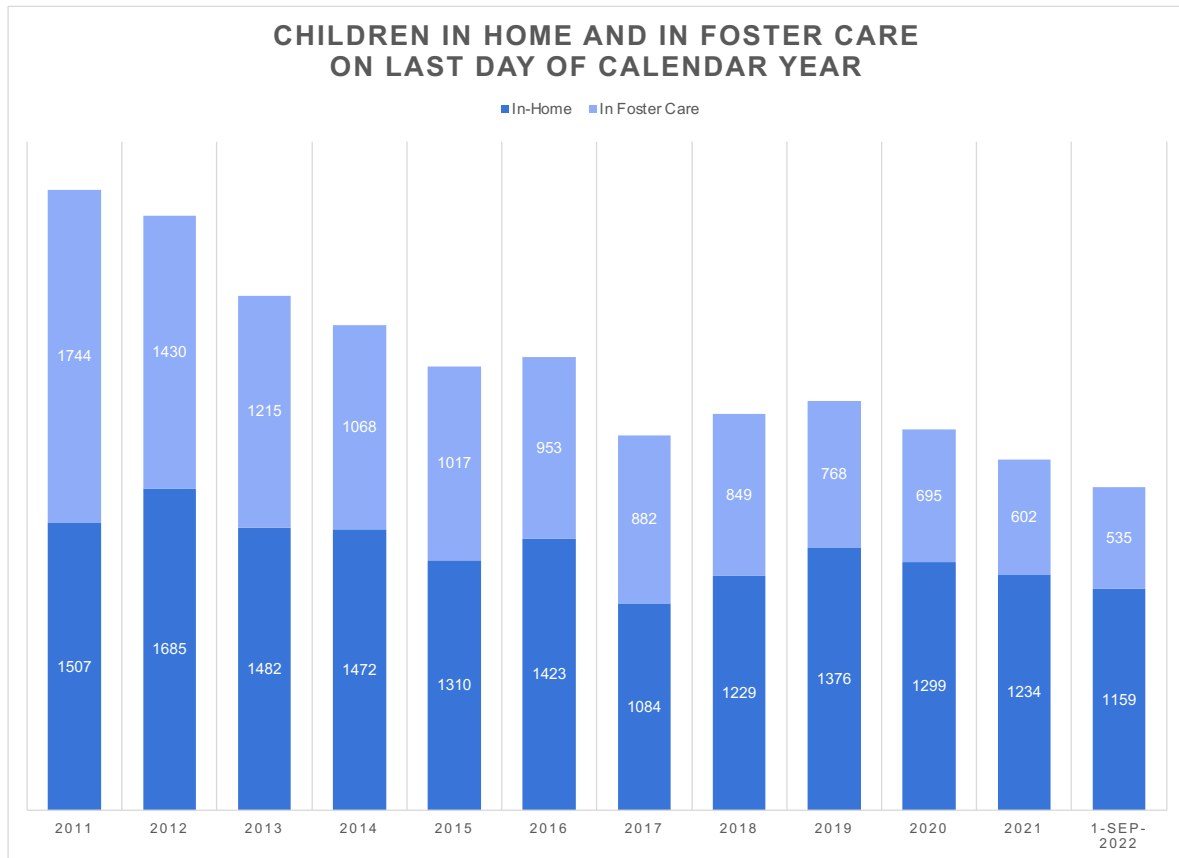
Director Matthews might also tell you, as he told attendees at a symposium on family violence at Children’s Hospital last May, that District child advocates have a savior complex and want more children removed. He said that White advocates don’t think that Black and Brown parents who come to the attention of CFSA have the capacity to parent because of their own histories of abuse and neglect.

I don’t want more children removed. I resigned as a foster care social worker in large part because so many foster parents were uncaring and motivated by money. But I would like to see more intensive in-home services, a greater use of the family court to enforce parents’ participation through community papering, and better processes to ensure cases are not closed before children are safe. Many abused or neglected children have protective relatives who are ready to receive them should removal be necessary. It is sometimes these protective adults whose reports to the hotline are disregarded. I’m sorry that my race matters so much to Director. Matthews. What matters to me is the need to protect children regardless of their race.

(See Table and Chart on next page)

Number of Children Served in Home and in Foster Care on Last Day of Calendar Year

	In Home	In Foster Care	Total
31-Dec-2011	1507	1744	3251
31-Dec-2012	1685	1430	3115
31-Dec-2013	1482	1215	2697
31-Dec-2014	1472	1068	2540
31-Dec-2015	1310	1017	2327
31-Dec-2016	1423	953	2376
31-Dec-2017	1084	882	1966
31-Dec-2018	1229	849	2078
31-Dec-2019	1376	768	2144
31-Dec-2020	1299	695	1994
31-Dec-2021	1234	602	1836
1-Sep-2022	1159	535	1694



Testimony of
Destiny Davis

Child and Family Services Agency's Responses
Performance Oversight Hearing FY 22-23

Friday, February 24, 2023.

My name is Destiny Davis. I'm a 20-year-old female that is about to emancipate in less than 3 months. I have been in foster care since I was 15 years old. I've lived in both foster homes and group homes. My experiences were both good and bad. I have been in at least 5 different foster homes, due to being mistreated and not taken care of properly, I was able to advocate for myself and transition to better foster homes.

I am currently in a good foster home. My foster mom, Doris Otoo is very understanding, supportive, and respectful towards myself and my company. She and I have talked about her being a life-long support to me. I have not obtained my HS diploma, but I am obtaining my GED. During my completion I have been getting tutored in areas I struggle with. I also have study dates with my CASA, Elizabeth Laferriere, and my Educational Attorney, Coury Mascagni. My CASA, Ms. Lizzy, exposed me to programs where I learned about filming, she helped me get a laptop for personal use and schooling, and she also helped me with sports equipment. I have opened an MMG account with help from my Life-Set Specialist, Shonna Foster, and have been very consistent with putting in a monthly deposit. She and I are also working on obtaining my passport, credit and budgeting, and learning how to cook healthy meals. My Social Worker, Bethlehem Taye has helped me with making appointments for physical health, vision, dental work, learners permit and more. I am also connected with a wonderful therapist at MBI that will still be available for

me even when I am emancipate. I attend my court hearings with reminders from my GAL, Lucy Osakwe.

I have an upcoming career opportunity that is connected with DOES that supports youth that is about to be emancipated, or parents that have children in the foster care system. They have at least 200 employment opportunities. The career field I am moving towards will be Interior Design and Education. I attend workshops with NCCF, Mr. Sykes, Mr. Allen, and Ms. Henderson. We go on outings and connect both virtually and in person, it's a safe space for the youth, it also helps develop a social life with youth that is in my age range. Currently and when I emancipate, I plan to speak to the youth to be an advocate for them. I attend YTP (Youth Transitioning Plan) Meetings to prepare for emancipation and figure out my housing options when I emancipate.

While in foster care I continued to stay in contact with my biological family and have visits with my family both virtually and in-person. I am very thankful for my team; they are very supportive and help me with the things that I struggle with.

I recommend that CFSA puts every child in a loving, nurturing, and comfortable home to their liking until they either emancipate or return to their biological family. The Bill of Rights for both the youth and foster parents needs to be followed by and understood on both ends.

Thank you.

**John Davis, Co-Chair of the Thriving Families Safer Children, Warmline/Community Response Subcommittee, and member of CFSA's Lived Experience Advisory Council
Before the Committee on Facilities and Family Services
Regarding the CFSA Performance Oversight Hearing
February 24, 2023**

Good Afternoon Chairperson Lewis George, members of the Committee on Facilities and Family Services and Committee Staff,

I am Pastor John Davis of Keep It Moving Empowerment Ministries and Co-Chair of Child and Family Service Agency/Thriving Families Safer Children. I am very pleased to testify before you today.

While riding to an appointment with real tears welled up in my eyes, it hit me like a ton of bricks – This is truly what this is all about: How do we break the Curse of Abandonment. The kids seem to be muted; and their voices are never heard. There is a book by Author Carl F. Burke called “Treat Me Cool, Lord” that has the prayers of kids from city streets spoken in their own language. There is a prayer in the book entitled “Why”. It starts like this: Dear God, why do religious people always know they are so right, when they don’t give us a chance to talk?

I received this book from one of my former English professors and she told me that it would open me up for raw honesty. Just a few days ago, the tears flowed from my eyes after hearing the great news that my youngest son had won custody of his son. The fight is real, we must break the curse of abandonment. It’s contagious and it will take exactly what my son used to break the grip – LOVE. The kind of love that evolves. CFSA is doing just that through the Thriving Families Safer Children/Keeping DC Families Together Initiative and the implementation of the Warmline/Community Response.

In order to get something different we must do something different. I am all for accepting the things that we cannot change, but it is time to change the things that we are no longer willing to accept. I am thankful for leadership like CFSA Director. Matthews. A person that is compelled to take a chance on folk with a colorful past and uncertain future. Like most of us, the time for change is not predicated on the eloquent words that come out of our mouths, but on our willingness to take the kinds of risk that everyone else doesn’t agree with.

There is no way to be one hundred percent sure that these new policies will be successful, but what we do know for sure is that to remain the same would be merely allowing the same outcomes to manifest over and over again. I love that my son was tired of just fitting in, but was willing to stand out, willing to be the difference that we are all looking for. That’s what I’m seeing CFSA do. They’ve decided to stand out and stand up for our children, our families, and our communities by changing the narrative. Dr. Bruce said it best “Love More”. And in the words of the great Dr. Martin Luther King, Jr. “Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate, only love can do that”.

People don't care how much you know, until they know how much you care. We must stop putting bandages on bullet holes. It's time for change. I am hopeful that the council will support these new policies that CFSA deem necessary for the safety of our children and families.

Thanks for giving me this opportunity, and I now understand that this is not a problem concerning funds needed, it's a problem that needs people....We are the people.

Thank You.

Dana Ebiasah

Child and Family Services Agency's Performance Oversight Hearing FY22-23

Before the Committee on Facilities and Family Services, Councilmember Janeese Lewis

George, Chairperson

**Council of the District of Columbia, John A. Wilson Building, 1350 Pennsylvania Avenue, NW,
Washington, D.C. 20004**

February 24, 2023, at 12:00 p.m., Virtual Public Hearing

Testimony Introduction to Chairperson Lewis George:

Good Afternoon Chairperson Lewis George,

I'm Dana Ebiasah an Advocate for Humanity and the Optimism of Recovery. I am pleased to testify before you today by utilizing impactful community to provide awareness. By sharing my lived experience with navigating services within the child welfare system. I'm aiming for a call of action to improve the child welfare system that is currently transitioning to a child and family wellbeing system through the Thriving Families Safer Children Initiative/Keeping DC Families Together.

I was once a youth, and single parent that utilized services through the child welfare system. The level of support from the child welfare system has varied with my different age milestones throughout the system. At my youth (4 until 14) I was removed from my mother's care several times and with re-unification the abuse increased resulting in a near death experience, and instability with building social skills, being in stable school environment, homelessness that is needed to function successfully in the community as an adult. All my teen years I bounced from one foster home to group homes until I was emancipated at 17. Within this time frame, I became a teenage mother Feeling the lack of nurturance within those environments and a rocky connection with my mother, I turned to the streets and was unable to "successfully" age out of the system like my peers. At the age of 20 I gave birth again thinking at the time this would be my way out of instability, as was taught to me as a youth. By this time, I had experienced several arrests, and did not have a stable housing foundation for my children.

This is the focus point of my communication. I called the CFSA hotline and informed the operator that I was homeless with nowhere stable to carry an infant child, I did not get an immediate response that day, so my children and I got a room at a local motel where then a CFSA worker entered the next day and removed my infant child. Without any resources or guidance from the worker, my oldest child and I were left in the motel as I worked to identify the next steps to secure a stable residence. In which at that time would have been the need for my family, and vocational training for myself. I was able to send the oldest child with a previous foster parent that lived out of the state, as I figured out stability. With no guidance or referrals in place I once again turned to the streets. It may appear that CSFA may have caused my family a level of disservice but the choices I made as an adult created a weak foundation that I placed for my children. I realize that I failed short of managing my responsibilities as a mother and had

to make decisions for my children that I thought were in their best interest at that time.

CFSA has positively impacted the lives of thousands of families in the community and is always looking for opportunities to improve the quality of services provided in the community and now I use my lived experience to be involved in conversations about the upcoming changes within CFSA. Fast forward, I was able to reunify with my oldest daughter 7 years after separation, independently! I was able to secure an apartment without a community-based organization referral, learned about my mental illness, became stable, became gainfully employed. I'm now an Advocate, grandmother, and legal guardian of a minor child. Had a citywide Warmline/Community Response been in place at the time of my crisis, my children may not have been separated today. I felt the need to testify on behalf of families and parents that may have lost hope due to their situations and to express my full support with the Thriving Families Safer Children and Initiative and soon to be implementation of a Warmline/Community Response.

Having the level of support that the warmline may have provided a sense of hope for my family. Provided some type of positive influence from the case worker that showed up to remove my daughter. By using motivational interviewing to learn about my family and our needs at the time, the warmline soon will be in place and motivational interviewing training will be available to operators. I would have had the opportunity to be referred out to a community-based organization to gain empowerment when I lost everything important to me, I even lost myself. I may have gained a sense of pride for making an informed decision regarding the best interest of my children by making the effort calling the warmline instead of guilt and shame my oldest daughter experience on and off and that I worked to heal over the years.

My minor daughter was adopted by her foster mother while I was serving 120-day jail sentence. Even though I may feel like the exchange was underhanded as I was misinformed about the legal process, and had no legal aid referral, my children have not been able to connect for 16 years. My daughter who was adopted was raised by a leader that demonstrates strength that happens to be of the same race! She is educated with elite education, and I pray each day that she stalks my IG or Facebook so she can see how much I have evolved but knowing that she ended up with stability alone is enough for me to relax and motivates me to keep on pushing forward. So, thank you to her parents.

Hopefully my story resonates with you Chairperson George and you and the council fully support for any shift CFSA is making and back it 100%. Honestly, I have hundreds of ideas based on my experiences, but I cannot come up with a solution at this time. I just hope I'm able to continue to have the opportunity to be involved and share my thoughts as they arise. I would say having empathy goes a long way towards a positive outcome, as well as holding adults accountable while being supportive. This will avoid repetitive traumatic experiences for children, as limits parents from abusing the resources offered to the families. Also making substance abuse a mental health priority and mandatory to address. For example a parent may want to address housing needs but is reluctant to acknowledge her insight may have impaired her judgment to buy the children shoes that fit, or the family receives \$345 dollars in SNAP

benefits each month but that family had to visit the food pantry because the parent spent the child's benefits for drugs, clubbing, nails, causing a parent to abuse the service of this food pantry provider instead of what the benefits were allotted. CFSA and other sister agencies can use motivational interviewing to find the deeper root of the family's issues maybe requiring parent's attendance to the day program, NA/AA meetings, and mental health connections. Pay closer attention to teenage mothers ensuring those pregnancies by mistake or were the teen influenced by the parent to get pregnant to earn income or additional bedrooms in housing. Count the number of times a child is removed from the home if more than 3 times, it's a repeated cycle of abuse. Looking at other ways to support that family should be pursued.

Thank you, Chairperson Lewis George of the Committee on Facilities and Family Services. Your consideration of these matters and solutions is very much appreciated.



American Federation of State, County and Municipal Employees, AFL-CIO

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**WRITTEN TESTIMONY SUBMITTED TO THE DISTRICT OF COLUMBIA COUNCIL
COMMITTEE ON FACILITIES & FAMILY SERVICES**

February 24, 2023

Performance Oversight Hearing-Child & Family Services Agency

**Wayne L. Enoch, MSW
President
AFSCME Local 2401
AFSCME District Council 20**

I am Wayne Enoch, President of AFSCME Local 2401 and AFSCME Council 20. I have been an employee of the Child & Family Services Agency (CFSA) for thirty (30) years. I am also a District of Columbia resident. AFSCME Local 2401 is the Collective Bargaining Unit of over 1,800 human service employees from various agencies. We serve many of the District's most vulnerable citizens. We have over 300 members at CFSA.

CFSA is an agency that continues to change. As a social service agency, the employees are not strangers to embracing change. The agency is currently realigning staff to meet the goals of the agency. Some of the changes have been in place in the past, in some form or another; specifically the planned Family Stabilization unit. The agency is also in the process of implementing hoteling space for staff at the agency's main office. Staff are quite anxious to see how this will impact their daily work.

At CFSA, we have a highly active and effective Labor Management Partnership Council (LMPC). Our LMPC has been in existence over many years; dating back to the agency's first director, Dr. Olivia Golden. Since that time, with each director, we have been able to sustain a very good labor relationship. While it is not perfect, we are able to meet and resolve a lot of issues. We also create activities that enhance the workplace and attempt to increase morale. These activities include Social Work Month activities in March, Wellness activities as well as the implementation of the AWS and Telework policies. Several years ago, under the guidance of the former citywide LMPC, we created an Employee Feedback portal. The agency won the Dwight Bowman Award for Labor Management Partnership.

Recently, we have been in the process of making sure we do not lose the strength of our ability to work together. Unfortunately, I filed two grievances this month, about changes in work rules – and the CPS Hotline manager's failure to contact the union. This is a disturbing situation because we had been working with this area to improve morale. We also alerted management of other instances where this took place in CPS. CPS is an area of the agency that is in turmoil because of the high Social Worker vacancies. The Hotline is not a high turnover area, and we want that to remain the case.

Local 2401 has been asking the agency what we can do to assist with recruitment and retention in CPS. We have recommended Student Loan repayment and I encourage this committee to explore it as well. Despite the decrease in the number cases, the agency is having cases with more complex issues. Caseload sizes may be down, but the work that goes into those cases continue to evolve. Social Workers have been attacked and some have had to take time off. I believe the agency knows about the need to recruit and retain staff, but I also hope that this committee is able to support our members and the agency with this effort.

In closing, I would like to state that AFSCME Local 2401 continues to advocate for its members and is always willing to meet with the agency's managers as well as this committee. We will continue to bring our issues to your attention in hopes of having resolution. We want the citizens of the District to receive the services that they need and deserve. We also want a workplace that facilitates these services by competent employees who are properly trained and properly treated.

Thanks for your time.

A handwritten signature in black ink, appearing to read "Wayne Huch". The signature is written in a cursive style with a large, stylized initial "W".

Testimony of
Arno Fonkoue
Young Professional

Hearing Title: **Child and Family Services Agency Performance Oversight
Hearing FY22-23**

Committee Name: **Committee on Facilities and Family Services**

Date: **February 24, 2023**

Friday, February 24, 2023, 12p.m.
Room 123, John A. Wilson Building
1350 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Good morning, Committee Chairperson Lewis George and members of the District Council Committee on Facilities and Family Services. Thank you for taking the time to listen to my story and recommendations this morning.

My name is Arno Fonkoue. I am 22 years old. I came into foster care at the age of 17. My social worker at the time made me happy and lonely. I felt this way because she did not listen to my feelings or concerns. When I would express the things that were not working for me, she would not address them in a timely manner or dismiss them altogether. It was only when I met Mr. Branton, my Education Specialist at OYE, that I began to feel happy and empowered. Mr. Branton listened to me, and when he said he would do something, he did it. The guidance and the support Mr. Branton provided has empowered me to handle conflict, solve problems, and pursue my education and career goals.

I was not fully engaged in my education in high school, but I made it through to graduation. I had a phenomenal team that cared about my well-being and future and encouraged me to attend college. I am happy to announce that on May 14, 2018, I graduated from Phelps ACE with my high school diploma. My social worker connected me with the Office of Youth Empowerment's Education Unit to support me with my career goals, and that is where I met Mr. Branton. Without him, I wouldn't have finished college. His commitment and determination to make things happen have been nothing but a blessing to me, and I am forever thankful for his help and support, along with the agency, since I graduated high school. After high school, I enrolled at North Carolina A&T State University on August 20, 2019.

I want to share with everyone here that being in foster care is not a bad thing or something to be ashamed of. Instead, look on the bright side and see that you have a support system that cares and wants to see you succeed. Throughout my time in the foster system, I was

blessed enough to have the Education Training Voucher (ETV) funds to pay for my room and board while in college. My vision after college was to finish barbering school and focus on opening a salon or barbershop suite. The goal/message here is to never feel wrong about why you're in foster care, but instead, find a way to change things around and make the best of it, as I did.

As I look back on my time in foster care, I have learned valuable life lessons that I would like to share with other youth, especially youth in foster care. First, take your education seriously and finish high school on time. Second, take advantage of the support and services offered through CFSA and the district. I want to stress to my peers that being in foster care is not bad. Foster care has taught me that I can do great things and that I am destined to have a positive outcome in life, and foster care has prepared me to transition into adulthood successfully. Lastly, be humble, listen to your team members, and advocate for yourself.

In conclusion, I would like to thank the Child and Family Services Agency for providing us with iPhones throughout my time in care. This was a great idea and allowed me to communicate with my family, friends, Social Worker, Educational Specialist, and other team members. I have a few recommendations for the Agency. I recommend that there be specialized Foster Parent training for individuals who take in teenagers and revisit the total amount of allowance for older youth in foster care. Thank you again for allowing me to share my story and experience. God bless.

Arno

**Testimony of Jamila Green, Program Coordinator
Carver-Langston Family Success Center
Before the Committee on Facilities & Family Services
Regarding the CFSA Performance Oversight Hearing,
February 24, 2023 - 12:00 PM., Virtual Public Hearing**

Good Afternoon Chairperson Lewis George, members of the Committee on Facilities and Family Services, and Committee Staff. Thank you for the opportunity to speak to you.

My name is Jamila Green, I am the program coordinator for Smart from the Start's Langston/Carver Success Center. Our Ward 5 Family Success Center (FSC) is the first and currently only Family Success Center in Ward 5. Since we began serving the Ward 5 community in summer of 2022, the Langston/Carver Success Center has served over 200 families with our various programs, workshops and sent over 400 referrals to partnering agencies. In just a few short months, we have hosted community events such as community cookouts, a thanksgiving turkey and gift card giveaway, a winter holiday party with a catered dinner, and our annual party with a purpose where each child received at least two toys.

Some of the programs we offer are GED classes, Digital Literacy (computer) classes, Economic Development classes, Mom's groups, Parenting classes, Nutrition workshops, Yoga & Meditation classes, Soul Line Dancing, and Family Fun Night. Our FSC also provides transportation to the grocery store for seniors, enrichment activities such as field trips, workforce development and mental health workshops where we explore topics such as depression, anxiety, grief, trauma, and PTSD with licensed clinicians.

Family Success Centers are a critical part of the community. Many members of the community have shared with me that before the FSFC was here, they felt as though no one cared about them, gave them opportunities, or exposed them to such life changing programming. During mental health groups, community members share their experiences that many say, they had never felt safe to share before. During yoga and meditation, a senior shared with me that they had never tried meditation before and how life changing it has been for her. During the workforce program, a young father shared with me how proud he is of himself and how this opportunity has given him the skills needed to create a better life for his family. I laugh and cry with the members of the Ward 5 community. My doors are always open and when there is a death in the family, an eviction notice on the door, their child is being bullied or a family member is being released from jail. I am happy to be a resource to support them in any way that is needed. Without Family Success Centers families would not have an ear to listen and a finger to point them in the right direction. Without the support from CFSA and Families First DC, low-income families in underserved communities in Ward 5 would continue to face disparities that we help eradicate. I hope to continue to strengthen families and increase protective factors so that DC families can not only survive but thrive. Until then, Family Success Centers are desperately needed and I am honored to be part of the solution.



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Testimony Before the District of Columbia Council
Committee on Facilities & Family Services
February 24, 2023

Public Hearing:
Performance Oversight Hearing
Child and Family Services Agency

Sharra E. Greer
Policy Director
Children's Law Center

Introduction

Good afternoon, Chairperson Lewis George, and members of the Committee. My name is Sharra E. Greer. I am the Policy Director at the Children's Law Center and a resident of the District. Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism, and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

I appreciate this opportunity to testify regarding the performance of the Child and Family Services Agency (CFSA). Children's Law Center attorneys serve as guardians-ad-litem for children in the care and custody of CFSA.¹ Currently, we represent more than half the children involved with CFSA – several hundred children in foster care and protective supervision each year.² In our time serving CFSA-involved children we have had the opportunity to witness the agency's evolution. When we review CFSA's performance over the past year we see positive changes. CFSA has created a bold plan to transform DC's child welfare system into the "child well-being system that strengthens

families in their homes and communities by ensuring they have access to supports and resources that are available to them.”³

We are happy to be able to partner with CFSA on this work and in resolving issues for children who are in care. CFSA and the Office of the Attorney General (OAG) Family Services been responsive and available. Members of CFSA’s leadership team, as well as key personnel involved in placement and operations of programming, meet with us and our case-handling attorneys on a regular basis to answer our questions, share critical information, and engage in joint problem-solving for systemic issues.

We believe CFSA has the right long-term vision focused on targeting and coordinating prevention services to keep families together.⁴ This includes a more flexible services array that meets and supports families where they are as well as providing alternatives to removal such as informal family planning arrangements, safety plans, and providing in-home services. We commend CFSA for working to build a nuanced system that prioritizes families and community while working to keep children safe.

There is still significant work to be done. There continue to be high levels of placement instability, behavioral health challenges, poor education outcomes, and challenges for youth who age-out of care at 21. These are not new concerns, nor are the solutions easy, but we must do better to meet the needs of foster children. Although meeting the needs of foster children is one of CFSA’s core responsibilities, it is not

something CFSA can do on its own. CFSA needs the support of its sister agencies – including the Office of the Superintendent of Education (OSSE), District of Columbia Public Schools (DCPS), the Department of Youth Rehabilitation Services, the DC Housing Authority, the Department of Behavioral Health (DBH), the Department of Health Care Finance (DHCF), and the Metropolitan Police Department.

CFSA also needs the support and investment of this Committee and the DC Council to accomplish its mission. In addition to ensuring CFSA has adequate resources to fulfill its mission, the Council can support interagency coordination by holding all relevant agencies accountable for meeting the needs of child welfare involved families. We are excited that the Office of the Ombudsperson for Children has been established and the first Ombudsperson, Shalonda Cawthon, confirmed. One of the Office's functions will be to support and report on interagency efforts and systemic issues across child serving agencies.⁵

My testimony today will first discuss several key components of CFSA's prevention work and efforts to minimize removals. My testimony will then address CFSA's services for foster children in three areas: placement, behavioral health, and education. Finally, I will highlight three (3) important laws effecting child welfare that were passed in January 2023 and need to be implemented in the coming year; the Educator Background Check Streamlining Amendment Act, the Preserving Our Kids'

Equity Through Trusts (the POKETT Act), and Fostering Stable Housing Opportunities (the FSHO Act) Amendment Act of 2022.

Investment in Prevention is Critical for District Children and Families and Must be Continued with Transparency, Communication, and Accountability

Over the past decade we have seen a significant decrease in the number of children in care.⁶ Director Matthews recently testified, “CFSA will not walk away from keeping children safe, but we will work harder to keep District families together, empower the community, and share enhanced available resources.”⁷ This shift to increased prevention efforts will take time and investment.

Upstream Approaches are Key Tools for Preventing Entry into the Child Welfare System

CFSA’s prevention work focuses on moving services, supports, and resources upstream. CFSA’s goal is to focus on strengthening families and the community to limit the need for families to ever become CFSA involved.⁸ Some of CFSA’s efforts including Family Success Centers, the Thriving Families, Safer Children Initiative, and Home Visiting programs, all of which work to meet families where they are and help them overcome barriers for more positive outcomes.

Family Success Centers

CFSA opened the Family Success Centers in 2021 as part of the Families First DC initiative.⁹ Families First DC is a neighborhood-based, neighborhood-driven approach aimed at reducing disparities and creating stronger, more resilient families through meaningful access to District services.¹⁰ CFSA provides grant funding to community-

based organizations to run the Centers in eleven specific communities in Wards 5, 7, and 8.¹¹ The Family Success Centers are intended to both: (1) support better integration and delivery of existing services to the community, and (2) develop new initiatives to deliver previously unavailable services that meet the specific needs of the community.

Services are supposed to be focused on residents residing in the target areas, with an emphasis on families not yet involved with the child welfare system. We understand the potential value of the Centers. CLC recently reviewed over 400 of our recent guardian-ad-litem cases from the past year. From this review, CLC attorneys identified that at least 10 percent of their clients could have remained in their living situation before removal with additional supports.¹² The additional supports identified include behavioral health services, housing support, domestic violence services, transportation assistance, and food assistance. Many of these supports can be found at the 11 Centers.¹³

Unfortunately, we have found that Family Success Centers are not well advertised and often not seen as a resource by community members. We did see a drop in utilization last year, from 16,038 families served in FY21 to 11,859 families in FY22.¹⁴ Many DC residents do not encounter Family Success Centers until they are referred by CFSA. We would like to encourage CFSA to work with the community to understand how Centers can be better utilized. We hope in the coming year CFSA will continue to invest in the Centers, understand why utilization decreased and work to improve the Centers.

Thriving Families, Safer Children

In FY21, CFSA became a Thriving Families, Safer Children (Thriving Families) jurisdiction, reflecting an intentional shift in how the agency views its role in preventing child abuse and neglect.¹⁵ Over FY22 and into FY23, CFSA has evolved the Thriving Families' initiative to be inclusive of community stakeholders (including Children's Law Center) as well as representatives from a broad spectrum of government agencies.

One of the efforts of Thriving Families is to establish a community-based "Warmline," a resource for families that need assistance as an alternative to reporting them to Child Protective Services (CPS) Hotline. There has been bountiful discussion and meaningful feedback, led by DC residents, on how the Warmline will operate in practice. There has been a recognition that most families fear, not welcome, interaction with CFSA. The agency, and child welfare in general, has a long and complicated history, and agency interaction usually comes with immense stress and complications for families, especially for Black and Brown families who disproportionality experience family separation at the hands of the agency.¹⁶ Therefore, supportive services provision through a Warmline will require interagency coordination and support.

Further, creating a Warmline to address concerns will likely require changes to mandatory reporting and the definitions of neglect. Currently, there are many situations where the report must be made to the Hotline and there is not the flexibility to call an alternate resource. To try to address this, the OAG has initiated a workgroup with

attorneys for neglect court involved children and parents to try to tackle making positive changes to the neglect law.

Home Visiting

Early childhood home visiting programs are one of the three key service interventions eligible for federal funding under the Family First Prevention Service Act (Family First).¹⁷ CFSA's home visiting programs are an important part of the District's preventions services array. CFSA's home visiting programs are designed for unique populations who are drawn to and benefit from the programs' ability to address their specific needs. These include families experiencing homelessness, domestic violence, a parent returning home from incarceration, as well as programs that focus on fathers, parents of children 0-5, and young Latino (or immigrant) mothers (ages 17-25 with children 0-5).¹⁸ These programs help parents access services, learn parenting skills, and support them to raise their children in nurturing, caring, and supportive environments.¹⁹

Home visiting has a strong evidence base for promoting positive outcomes for parents and young children across different types of families and settings. Studies have demonstrated that high-quality home visiting has led to a decrease in child maltreatment.²⁰ The total local funding for CFSA home visiting programs in FY21 and FY22 stayed consistent at \$470,471.²¹ CFSA also receives federal funding for home visiting through Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. In FY22, the Council added a \$70,500 recurring enhancement to CFSA home visiting programs for

the FY23 budget as part of Community Partnership funding in the CFSA budget.²² We appreciate this additional investment into this critical program. We hope CFSA as well as the Council continue to invest in home visiting.

Alternatives to Removal are Effective Tools to Keep Families Together, but Need Continued Partnership and Oversight

Safety plans and informal family planning arrangements (IFPA) can be important tools to prevent children from being removed. Safety plans are formal arrangements that clearly describe immediate safety concerns and detail how the family will manage, mitigate, or eliminate the threats to the child's safety. These plans are time limited and require consistent re-evaluation, monitoring, and management with participants in the plans.²³ Informal family planning arrangements are for families when they come to the attention of the CFSA via a report to CPS, but it is determined the child(ren) can remain safely with their parent or legal guardian or in the community with an identified caregiver. Informal family planning arrangements are developed by families, permitting them to identify supportive resources including a non-custodial parent, relative, or caregiver.²⁴

The timing for safety plans and IFPA happens at different times. IFPA typically occurs when there is no open investigation, and often happens when a parent is incarcerated, or is struggling with behavioral health concerns. Safety planning typically occurs when CFSA has an open investigation or an in-home case and CFSA is actively

involved. Both safety plans and IFPAs allow children to stay in the home or in the care of known relatives or kin after CFSA has assessed that they can remain safely in that community setting. This lessens the intrusiveness of government action while still allowing families to access the resources and supports they need to best care for their children.

Both the safety plan and IFPA policies were updated in July 2022 and went into effect October 1, 2022.²⁵ We applaud CFSA for taking this step to clarify and strengthen these policies to address concerns raised by key stakeholders including Children's Law Center. We appreciate CFSA's engagement and partnership in this work.

In December 2022, the Committee on Human Services held a roundtable regarding implementation of these two policies. During the roundtable, we shared that we had some remaining concerns. Specifically, that the safety plan and IFPA policies need more transparency, communication, and accountability to strike the balance of keeping families together whenever possible while also not leaving children in dangerous situations.

Robust data collection efforts are critical to effective safety planning and IFPA policies. In August 2022, CFSA shared new information regarding data collection for both safety plans and IFPAs. For IFPA the agency is collecting (1) demographics of the caregiver, children, and identified caregiver; (2) description of the situation which allowed for the IFPA (e.g., non-offending parent acted, use of family/kin to support, etc.);

(3) description of the circumstances/incident that contributed to the creation of the plan; and (4) list of services that were offered and explained.²⁶ We believe this is a great starting point and are glad to see the agency is not only collecting but sharing information. We feel strongly, however, that the agency's data collection efforts for IFPAs must go further. CFSA should also track and report: (1) whether families used any of these services offered; and (2) outcomes for those children and families in the short and long term. This information is essential if we are to evaluate whether IFPAs are successfully keeping kids out of the foster care system – or whether they are leaving children and families stranded without the interventions they need. Director Matthews at the December roundtable indicated CFSA had begun to track this information.²⁷ We ask the Committee to follow-up to ensure this data is being collected and reported.

Some of the data was reported in the performance oversight responses. This year, for the first time, CFSA reported the number individual of safety plans with performance oversight responses.²⁸ In FY22 there were 374 individual safety plans made to prevent children from entering care.²⁹ Additionally, starting on December 1, 2022, CFSA reported (1) if there are Hotline call(s) received after the diversion (2) if the Hotline call warranted an investigation; (3) if it did warrant investigation, if that parent(s) was substantiated; (4) if the parent(s) were substantiated, was that child separated.³⁰ We applaud the agency for taking these steps towards greater transparency.

We do, however, have some outstanding implementation concerns that we hope will be addressed in the coming year. First, current policies do not address when safety plans will be used. For example, the safety plan policy seems to contemplate that it could be used after an investigation into a hotline call, but also for families with open cases after a child has been removed. Depending on where the family is in its relationship with the agency, it appears that certain aspects of how the safety plan is implemented (which social worker is working with the family on the safety plan, how families can access services, which services can be accessed) and the potential legal implications of the safety plan could shift. Because of this, it would be helpful to specify how safety planning works at different points in a case.

Second, it is currently not clear that safety plans will not be used against families in court. Currently the revised policy reads “Failure to abide by the requirements of the safety plan may result in CFSA action to separate the child from the home and place them into foster care if the child cannot be kept safe.”³¹ This raises some concerns for us. On the one hand, being explicit and honest about what the agency might do is fair and reasonable. But in our experience, this language is used against families later, almost as an admission that removal is warranted because the parent lacks capacity or has been unwilling to do what is in the plan. We believe this undermines the safety planning process because it adds a coercive element to the development and implementation of the plan. Further, the court inquiry should be focused on whether the agency’s safety

concerns regarding the child warrant removal – not on penalizing the parent for not adhering to every element of the safety plan. To address this concern, we suggest adding language to the revised policy explaining that acknowledging a safety plan in no way constitutes an agreement that removal is necessary or justified if the plan is not fully adhered to.

Finally, the agency should provide the training and measures they are using to ensure consistency in the use of these policies. A safety plan or IFPA's effectiveness should not be dependent on the person who is working with the family. Children's Law Center feels that it is critical that safety plans and IFPAs document the information, options and/or connections the social worker provides to the families and the follow through on obtaining the necessary resources or supports. It may be helpful to clearly spell those out within the IFPA sheet or the safety plan policy. In addition, we would like these policies (and their related forms) to explicitly state that the agency can provide tangible assistance to the parent in the form of gift cards and/or material items for the care of the child, when appropriate. In our experience, there are times when meeting a specific material need makes all the difference. It would be very helpful if all the potential forms of assistance were documented so that there was clarity about what is possible (even if it is not applicable in every case).

CFSA Needs Continued Critical Investment for Children in Foster Care

One of CFSA's core principal's is "children and youth deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood."³² To do this, CFSA – along with its sister agencies and the Council – must make long-term investments in both the effective implementation of the potentially successful models and programs CFSA has already put into place and the development of new strategies focused on addressing long-term issues and gaps in key service areas.

Critical Gaps in the Placement Array Are a Continued, Persistent Problem

Once a child is removed from their caregiver they must be placed in a supportive home. Ideally, a child would be placed once and stay in that home until they leave foster care. Moving a child from place to place creates instability that leads to further trauma, anxiety, and pain. Unfortunately, too many youth in care experience multiple placement changes often caused by not having one that meets their needs. Resource parents and homes for children with disabilities, significant behavioral health challenges, parenting youth, and older youth require special training skills and support and can be difficult to recruit.

We appreciate that CFSA has several reports that share out the key placement information. However, the numbers are a bit confusing. The Office of the Ombudsperson for Children reported that there were 793 children in care during FY22.³³ However, in CFSA's performance oversight responses the total number of children in care was

reported as 537 at the end of FY22 and in the FY22 CFSA Needs Assessment CFSA reported 556 children in care at the end of quarter 3 in FY2022.³⁴ Additionally, the Ombudsperson reported that 406 children experienced 3 or more placements in FY2022.³⁵ The agency, however, reported in FY22 Needs Assessment that 295 children experienced 3 or more placement disruptions at the end of quarter 3 of FY22 and that only 145 children experience 3 or more placement disruptions at the end of FY22.³⁶ We ask this Committee to clarify these numbers.

Regardless, the numbers reflect too many changes in placements. Our client's experiences reflect that as well. In our review of over 400 of our most recent guardian-ad-litem cases, we found that approximately one-fourth of our clients experienced some form of placement instability within the last year or so, including:

- Nearly 65 children had three or more placements within the last year
- Over 50 children who absconded from their placement within the last year – most of them on multiple occasions,
- 26 children sent to respite care because no other placement was available,
- Five children sent for extended home visits because no other placement was available, and
- Six children kept at a hospital or residential facility past their discharge date due to a lack of placement options.

Beyond these general categories, dozens of our clients have experienced more particularized forms of placement instability, such as the inability to find a placement due to juvenile justice involvement, placements that are not supportive of their specific behavioral health or educational needs, and placements that are unstable due to conflicts with other residents of the home. In addition, we continue to see youth staying at Sasha Bruce's homeless shelter. 14 of CLC's clients were placed at Sasha Bruce between June 2021 and May 2022 and overall, 35 CFSA foster youth were placed there in FY22.³⁷

CFSA has been working to expand placement options. However, it can often feel that for every step forward in building a proper placement array there are two steps back. Last year, Children's Choice, CFSA's former intensive foster care provider for youth with significant behavioral needs, ended its contract with CFSA. Over the past year, CFSA was able to find a replacement for Children's Choice, and in October 2022, CFSA began contracting with PSI, Inc for 40 beds for intensive foster.³⁸ But then CFSA lost two placement providers, Boys Town and Latin American Youth Center (LAYC).³⁹

CFSA has been able to expand placement options for youth with high needs this past year.⁴⁰ CFSA added professional resource parents for pregnant and parenting youth. Additionally, CFSA added trauma-informed professional parents (TIPP) in FY22. As of June 30, 2022, there were four TIPP's providing a total of eight beds and CFSA was interviewing and planning to contract for five additional TIPP's with a total capacity of 10 additional beds bringing the potential total to 28 TIPP beds.⁴¹ In addition, the agency

CFSA works with to operate in Maryland, The National Center for Children and Families (NCCF), has another professional parent program.⁴² PFPs provide emergency placement, assessment, advocacy, and support toward positive permanency. As of August 2022, there were five PFP homes providing a total of 12 beds.⁴³

We are hopeful the expansion will decrease the number of placement changes but believe more specialized placements are still needed. We urge this Committee to remain focused on placement as a top priority for oversight and for budget. Specifically, we ask this Committee to support any investments the agency needs to make in expanding its placement array, but also to hold the agency accountable for making measurable progress and improving stability for children in care.

Children in Foster Care Have Persistent Engagement and Achievement Struggles in Education

Consistently, foster youth have high rates of truancy,⁴⁴ low rates of graduation,⁴⁵ and low GPAs.⁴⁶ Almost 20 percent of CLC clients in foster care had attendance issues during School Year 2021-2022 and almost 15 percent were failing school. Evidence from our own client's experiences shows a focus on education is often the first thing to suffer after a child has experienced a trauma whether that be placement instability, a behavioral health crisis, or other disturbances in their lives. We have found through our own data collection a strong correlation between placement instability and a client choosing to no longer attend school.⁴⁷

It is crucial, however, that education is not seen as a secondary concern but rather as a key component to stability, social and emotional development, and preparation for independence – all of which are necessary prerequisites for long-term success in adulthood. One of CFSA’s central responsibilities is to ensure youth in its care are prepared for successful adulthood. A key element of this transition is an education sufficient to enter post-secondary education and/or the workforce. With persistent engagement and achievement struggles, foster children are not able to make that transition.

In FY22, among foster children in grades 3-8, 0% met or exceeded expectations in math, and only 5% met or exceeded expectations in reading,⁴⁸ representing a decrease in math and reading proficiency from the FY19 data.⁴⁹ The data is similar for older youth. Among high school students in foster care, 0% met or exceeded expectations in math, and only 3.8% met or exceeded expectations in reading,⁵⁰ again representing a decrease from the FY19 data.⁵¹ The numbers speak for themselves: children in foster care are academically behind, and even further behind post pandemic. If we do not turn our attention to the special supports and services that foster youth need to be successful in their educational journey, we will continue to fail District children.

We recognize, however, that CFSA cannot improve educational outcomes for foster children without help from its sister agencies, DCPS, DC’s Public Charter Schools, OSSE, Deputy Mayor for Education (DME), and Office for Students in the Care of DC. DC’s

educational agencies and charter Local Education Agencies must be held responsible for developing specific strategies to meet the educational needs of foster children and youth. In addition to CFSA, these sister agencies must invest in academic success for foster children. We urge CFSA and its sister agencies to work together to develop new strategies focused on improving educational outcomes for foster children.

The Current Behavioral Health Systems in Place Fail to Ensure Children and Youth in Care Are Receiving Appropriate and Timely Behavioral Health Services

CFSA is responsible for ensuring foster children and youth have access to appropriate and timely behavioral health services. Being in foster care often comes with complex and ongoing trauma and, therefore, we must ensure consistent and timely access to appropriate behavioral health services.⁵² Failing to meet the behavioral health needs for all foster children undermines their ability to achieve stability and permanency and contributes to the high rates of placement disruption discussed above. Further, unmet behavioral health needs are obstacles to children overcoming the traumas they have experienced and can prevent children from succeeding in school, finding stable housing and employment as adults, and building positive relationships throughout their lives.⁵³

Over the past few years, CFSA has made several key investments to behavioral health supports, resources, and services. In 2018, CFSA's Office of Well-Being redesigned its mental health services program.⁵⁴ In 2019, CFSA contracted with mental health provider MBI Health Services in 2019 to provide out-patient therapeutic services

for CFSA- involved children, youth, parents, and caregivers.⁵⁵ In 2020, CFSA launched the REACH Support Line (RSL), which is a telephone-based intervention that provides after-hours support to resource parents and youth experiencing behavioral, emotional, or family dynamic challenges.⁵⁶

In FY22, CFSA continued to work and improve behavioral health supports for children in care. As mentioned above, CFSA contracted with PSI Family Services to provide 40 beds for intensive family-based foster care program for children experiencing placement instability due to such factors as step-down from a diagnostic or psychiatrist residential treatment facility, current behavioral health diagnosis, or verbal or physical aggression.⁵⁷ CFSA is also partnering with District agencies to develop a PRTF with a 30-bed capacity located within 50 miles of the District.⁵⁸

Currently, CFSA's Office of Well Being (OWB) has four dedicated in-house therapists, as well as one psychiatric nurse, to screen, evaluate, assess, diagnose, and provide short-term mental health treatment to children entering care.⁵⁹ The total capacity for OWB allows for 72 clients to receive in-house behavioral health services and, during FY21, OWB therapeutic team served 49 total clients.⁶⁰ If a child in care is determined to need more or longer-term services, the child is referred to DBH for behavioral health services. Specifically, CFSA contracts with MBI Health Services LLC (MBI), a DBH Core Service Agency which has capacity to serve 150 children and youth, and up to 75 birth parents, for longer-term mental health treatment or a specialized

modality.⁶¹ CFSA initiates most referrals to MBI within one business day of discharge and the mental health supervisor confers directly with the two therapists assigned to the MBI contract to discuss key information needed for the transition and warm hand-off.⁶² We appreciate CFSA and DBH working to create timely connection to long term service and engaging in a warm hand-off for foster youth transitioning from OWB to MBI.

However, there remains significant confusion around other services that youth in CFSA's care may receive from DBH. OWB and MBI are not the only places where our clients receive services. In both 2021 and 2022, we reviewed hundreds of guardian-ad litem cases and found that on average between the two years 173 clients were accessing outpatient behavioral health services, representing over 40 percent of our clients.⁶³ This is significantly more than what CFSA and DBH reported in terms of delivering behavioral health services through the current structure utilizing OWB and MBI. We urge the two agencies to work together to better understand what and how data needs to be collected and reported to accurately capture all foster children and youth accessing behavioral health services and supports in the District.

Additionally, the capacity of OWB and MBI is significantly lower than what is truly needed. As noted above, OWB only has capacity to serve 72 individuals and MBI can serve 150 foster children and youth, but in FY22 there were 537 children and youth in care, 430 whom were above the age of five.⁶⁴ Not every child in care will need or want

behavioral health services but we have a responsibility to ensure every child can have access to them if needed or desired. That is significantly more than the current OWB and MBI capacity.⁶⁵

Moreover, our own clients' experiences confirm that it is a struggle for foster children to access behavioral health services— from individual and family therapy sessions to medication management appointments, to intensive outpatient mental health services. More often than not, the problem was a lack of providers – either the service needed was unavailable, or the waitlist for an appropriate provider was prohibitively long. Further, high turnover among behavioral health providers negatively impacted our clients' ability to maintain consistent services. Even when our clients successfully connect with a provider, they encounter issues of quality and cultural competence (issues that are both rooted in the overall lack of providers). Many of the reasons and barriers to access overlap with findings in CFSA's FY22 Needs Assessment: lack of evening appointments or flexible hours, insufficient information sharing, transportation issues, need for more training for both resource parents and clinical staff and availability of alternative therapy modalities.⁶⁶

We need to find ways to overcome these barriers. We ask for better data collection on the utilization of behavioral health services by foster youth and evaluation of its timeliness and quality. Accessing behavioral health services is not just an issue for foster youth.⁶⁷ DC's behavioral health system for children currently lacks both breadth and depth – it does not include the full spectrum of services our children need, and for the

services we do have, the capacity is insufficient to meet the need. As a city, we need to invest in a comprehensive behavioral health system that can meet the needs of all children – including foster children.

We ask this Committee to view behavioral health as a top priority for both oversight and budget this year. Further, we urge this Committee to work with the Committee on Health and the rest of the Council to reform DC’s behavioral health system for children and families.⁶⁸

Three Laws that Impact the Child Welfare System were Passed in Fiscal Year 2023 and Need to be Implemented

We appreciate the recent Council actions that address the well-being of DC’s children, youth, and families. The DC Council enacted B24-0857, the Preserving Our Kids’ Equity Through Trusts (the POKETT Act) and Fostering Stable Housing Opportunities (the FSHO Act) Amendment Act of 2022 in January 2023.⁶⁹ Additionally, the passage of B24-0989, Educator Background Check Streamlining Amendment Act of 2022 has significant implications for child welfare.⁷⁰ We are very pleased to see the Council take action for the well-being of DC’s children, youth, and families. However, the work does not end at enactment of these three bills; there must be effective implementation.

Recent welcome changes to the Child Protection Register need to be implemented

B24-0989, Educator Background Check Streamlining Amendment Act of 2022, was enacted in January 2023. Although this legislation largely focused on streamlining the screening process for individuals applying to work as a teacher or volunteer in DC

schools and educational programs, this Act also has made important changes to the District's Child Protection Register (CPR or Register). Children's Law Center is strongly supportive of the legislation's reform to the CPR statute.

Prior to the act, placement on the CPR for a substantiated report of abuse or neglect was permanent, resulting in lifetime barriers to employment and family stability – both of which directly impact the well-being of children and families in the District. Substantiated reports include a wide variety of circumstances, including reports stemming from issues of neglect – such as a child missing too many days of school, inadequate supervision, poor housing conditions, and other situations that do not involve violence against children. Such reports are not necessarily helpful in determining whether a person is capable of safely caring for children – especially when they are decades old. This imposed lifelong consequences – long after the underlying situation has been resolved, rehabilitation completed, children reunified, and cases closed.

Being placed on the Register most significantly impacts families in two critical areas: employment and family stability. Placement on the Register prevents individuals from obtaining jobs involving close contact with children. This includes schools, daycares, aftercare/out-of-school time programs, and all manner of child-serving programs (tutoring, sports clubs, extracurricular programs, etc.). In addition to being sectors where the District is suffering serious workforce shortages, these are also critical jobs and incomes that many families need access to in order to meet their children's basic needs.

Placement on the Register also impacts family stability by preventing individuals from being able to serve as caregivers or kin foster parents for members of their own family. We have seen cases where grandparents or other extended family members of children who have been removed from their parents are unable to care for their family member because of a decades-old report placing them on the Register. As a result, children in these families are faced with the much more traumatic experience of entering the foster care system with a stranger instead of staying with family members they know and love.

The new law creates a tiered structure that allows for different types of reports to be expunged from the Register after one, three, or five years depending on the report type and other circumstances. In cases of a child fatality, sexual abuse, and serious physical injury expungement is not permitted. This is a significant improvement. We look forward to CFSA's timely creation of policies and practices to implement the change. We ask the Committee to follow up with CFSA on the status of the necessary changes.

With Adequate Resources and Effective Implementation, the POKETT Act Will Provide Much-Needed Financial Support to Children and Families

The POKETT Act requires CFSA to screen every child in out-of-home care to determine their eligibility for benefits administered by the Social Security Administration (SSA), apply for those benefits on the child's behalf, and conserve those benefits for the child until the child exits care. Although the POKETT Act has the potential to provide

much-needed financial supports for some children, youth, and families involved in the child welfare system, careful attention must be paid to ensure this legislation is adequately funded, equipped with the right resources, and thoughtfully implemented for it to have its intended impact.

In September we shared two major obstacles to successful implementation of the POKETT Act. First, federal funds conserved for foster children must be replaced in CFSA's budget.⁷¹ Second, the cost associated with building CFSA's benefits capacity must be included in the budget for this proposed legislation and funds must be allocated accordingly.⁷²

Currently CFSA applies to SSA to be the representative payee for any benefits children in its care are eligible for, deposits them in a special purpose revenue fund, and applies those benefits to the child's cost of care. The OCFO estimated that approximately \$1 million of care costs are paid annually from the special purpose revenue fund, and CFSA will require local dollars to replace these costs.⁷³ Additionally, CFSA will also require staff to support the SSI application process and non-fiscal related appeals; provide basic SSI education for youth, birth and adoptive parents, and guardians; serve as a contract monitor; and serve as a liaison to the social work team, CFSA Business Services Administration, and Office of the Chief Financial Officer.⁷⁴

We call on this Committee and the Council as a whole to ensure the cost associated with building CFSA's benefits capacity be included in the FY24 budget as well as ensuring there are no cuts to CFSA's existing budget due to the reallocation of SSA benefits. We also encourage the Committee to work with CFSA to move forward the procedures and policies that will guide the implementation of this legislation.

The FSHO Act is an Important First Step in Addressing Housing Stability for Youth Aging Out of Foster Care

A significant concern for older youth in care is safe and stable housing upon their exit from care. Many older youth do not leave care with an income or housing. Of the 38 youth who aged out in FY22, 9 had full-time jobs, 6 had part-time jobs, and the rest, 23 youth, were unemployed.⁷⁵ Also, very few of these 38 youth were able to find independent living situations, only 3 had their own apartment, and another 5 were in a college dorm or in a DDS placement.⁷⁶ The rest were all in temporary situations – including staying with former foster parents, family, or friends; living in transitional housing; and incarcerated.⁷⁷

CFSA has taken steps to better partner to navigate the challenges of older foster youth. During the public health emergency, CFSA's Office of Youth Empowerment (OYE) met with our attorneys monthly to discuss the status of youth in extended care due to the pandemic. OYE has continued to host quarterly meetings where advocates can raise systemic issues that are impacting older youth as well as case-specific questions. This

partnership has helped resolve many issues and increased collaboration across the board. However, there is more work to be done to ensure all older foster youth exit care into safe and stable environments.

The current housing supports available to older youth are (1) Rapid Housing Assistance Program (RHAP);⁷⁸ (2) Family Unification Program (FUP);⁷⁹ (3) the Wayne Place Project;⁸⁰ (4) the Mary Elizabeth House; and (5) Genesis Intergenerational Program.⁸¹ The Wayne Place Project, Mary Elizabeth House, and Genesis Intergeneration Program are limited to specific subpopulations of youth. While each of these programs provides important supports for youth transitioning out of care, they are insufficient to meet the needs of all youth. RHAP and FUP are potential housing options for youth who do not require specific supports found in the other programs. However, there have been significant barriers to youth accessing both RHAP and FUP.

We are hopeful that the Fostering Stable Housing Opportunities Act (FSHO Act) will improve access to FUP vouchers.⁸² Our clients have often struggled to access FUP vouchers for reasons that are unclear – though it appears obstacles exist at various points along the pipeline from the federal Department of Housing and Urban Development (HUD) to DC’s Housing Authority (DCHA), to CFSA itself. We testified in September to the need for more information to understand how DC’s foster youth can more consistently access and utilize FUP vouchers.⁸³

Therefore, we appreciate the inclusion of a robust report requirement in the legislation, which falls in line with our suggestion in our testimony at the FSHO Act and POKETT Act hearing in September.⁸⁴ The Mayor will be required to submit a report beginning February 28, 2024 and every year thereafter providing the following information: (1) the number of aging-out youths who left foster care in the preceding fiscal year; (2) the number and percentage of aging-out youths who left foster care in the preceding fiscal year who were homeless upon leaving care; (3) the number and percentage of aging-out youths who left foster care in the preceding 5 fiscal years who were homeless at 6 months after leaving foster care and upon the youth's 26th birthday; (4) housing options available to aging-out youth and the process for accessing each housing option; (5) the process by which the Agency matches aging-out youth with housing resources, including the use of matrices or other tools by any formal or informal governmental body, and a description of the considerations, qualifications, or other relevant factors that the agency relies on when matching aging-out youth with housing resources; and (6) any barriers faced by the agency in successfully matching aging-out youth with housing resources and the agency's mitigation of those barriers.⁸⁵

With the reporting required by the FSHO, CFSA and the Council will have a better understanding of where the systemic obstacles lie and can take steps to effectively resolve them. Therefore, we ask the Council to work with CFSA to ensure implementation of the

new reporting and planning requirements under the FSHO Act are met and ask the Council to continue to work to expand supportive housing options for youth aging out.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

¹ Children’s Law Center attorneys represent children who are the subject of abuse and neglect cases in DC’s Family Court. CLC attorneys fight to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children’s Law Center, About Us, *available at*: <https://www.childrenslawcenter.org/content/about-us>.

² The term “protective supervision” is a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).

³ Robert Matthews, Director of Child and Family Service Agency, Oral Testimony, Committee of the Human Services, Roundtable, “The Implementation of the Child and Family Services Agency’s Safety Planning and Informal Family Planning Arrangement Policies,” December 13, 2022, *available at*: http://dc.granicus.com/viewpublisher.php?view_id=2.

⁴ Tom Oates & Robert Matthews, *Reorganizing Community Collaboratives*, Transcript of Child Welfare Information Gateway Podcast (2018), *available at*: https://www.childwelfare.gov/pubpdfs/cwig_podcasts/cw_podcast_prevention1_transcript.pdf.

⁵ R24-0563, Ombudsperson for Children Shalonda L. Cawthon Appointment Resolution of 2022, *available at*: <https://lims.dccouncil.gov/Legislation/PR24-0784>

⁶ In 1989 when LaShawn v. Barry was filed, the count of children in foster care was inaccurate due to inadequate tracking and record keeping, but it was estimated at 2,500 to 3,000. Over the past 10 years, the number of children in care has dropped from 1827 in 2011 to 614 in 2021. See FY2021 CFSA Performance Oversight Responses, response to Q109, *available at*: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>; Child and Family Services Agency, Annual Report, 2011, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2011_APSR_August_Update.pdf.

⁷ Robert Matthews, Director of Child and Family Service Agency, Oral Testimony, Committee of the Human Services, Roundtable, “The Implementation of the Child and Family Services Agency’s Safety Planning and Informal Family Planning Arrangement Policies,” December 13, 2022, *available at*: http://dc.granicus.com/viewpublisher.php?view_id=2.

⁸ Child and Family Services Agency, Dashboard, Front Door, *available at*: <https://cfsadashboard.dc.gov/page/front-door>; CFSA, *Four Pillars Performance Report*, January-June 2021, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/January-June_2021_Four_Pillars_Performance_Report_FINAL_0.pdf.

⁹ CFSA, Putting Families First in DC (Oct. 22, 2019), p. 5, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IVE%20Prevention%20Program%20Five-Year%20Plan_Amended%209.8.20.pdf.

¹⁰ CFSA Putting Families First in DC, Families First DC Snapshot, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/FFDC_Fact_Sheet_wgrantees.pdf.

¹¹ Locations were identified based on a review of social determinants of health data, violence prevention, substantiated reports of child abuse and neglect, and Office on Neighborhood Safety and Engagement data. CFSA Putting Families First in DC, Families First DC Snapshot, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/FFDC_Fact_Sheet_wgrantees.pdf. See also FY2022 CFSA Performance Oversight Responses, response to Q64(a),

available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

¹² Internal Children’s Law Center Data Collection, “GAL Deep Dive,” June 2021 through May 2022.

¹³ In FY 2022, an 11th Family Success Center opened in Ward 5, a Ward experiencing similar social and economic trends as those in Wards 7 and 8. Through a place-based approach, the Family Success Centers facilitate access to government and community resources tailored to meet families’ needs, to mitigate the effects of trauma, and to increase protective factors for sustainable independence from welfare involvement. Services include Parent Cafés, Concrete Support (food, clothing, diapers), Family Fun Night, Restorative Justice, Physical & nutritional health (fitness, dance, health eating & wellness checks), Trauma and Community Violence groups, Personal and Professional Development, Work Readiness, Books & Breakfast, Nurturing Parenting Program, Knowledge of Child Development, Economic Development, Fatherhood/Men/Boys sessions, Creative Arts, Mental Health and Wellness, Housing support, School assistance and support, Black History Month celebration, and Family Trivia Night. See FY2021 CFSA Performance Oversight, response to Q59(c), available at: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. See also District of Columbia Government, FY2022 *Annual Needs Assessment*, Child and Family Services Agency, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

¹⁴ FY2022 Child and Family Service Agency Performance Oversight Responses, response to Q60, available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf; FY2021 Child and Family Service Agency Performance Oversight Responses, response to Q68, available at: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

¹⁵ In January 2021, CFSA announced its participation in a new prevention initiative launched by the U.S. Children’s Bureau and several national foundations: Thriving Families, Safer Children (TFSC). The goal of TFSC is to reshape child welfare with a focus on prevention and equity and to reduce disparities in outcomes for children and their families. Ultimately, TFSC seeks to transform the child welfare system into a child well-being system. CFSA is part of the second cohort of jurisdictions selected to participate in TFSC, which will focus on policy and systemic reforms. CFSA is employing three strategies to launch the transformation from a child welfare to a child and family well-being system. These strategies are: (1) Deepen the community-capacity-building and support infrastructure of the District’s Family Success Centers (FSCs); (2) Stand-up a community-based Warmline to divert calls from the Child Protective Services (CPS) Hotline when they are not safety related; and (3) Create a community-supporter model whereby individuals with lived experience with the child welfare system or above average risk factors respond to the calls that come into the Warmline within their communities. See CFSA Stakeholders’ Forum (January 28, 2021), slides from presentation on file with Children’s Law Center; New Hampshire Children’s Trust, Thriving Families, Safer Children: A National Commitment to Wellbeing (Sept. 10, 2020), available at: <https://www.nhchildrenstrust.org/post/thriving-families-saferchildren-a-nationalcommitment-to-well-being>; Casey Family Programs, First-of-its-kind National Partnership Aims to Redesign Child Welfare into Child- and Family Well-being Systems (Sept. 9, 2020), available at: <https://www.casey.org/thriving-families-safer-children/>. See also, Thriving Families, Safer Children Steering Committee, The District of Columbia’s Child and Family Well-Being System Blueprint, Version 1.0, 2021, on file with the Children’s Law Center.

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- ¹⁶ Robert Matthews, Director of Child and Family Service Agency, Oral Testimony, Committee of the Human Services, Roundtable, “The Implementation of the Child and Family Services Agency’s Safety Planning and Informal Family Planning Arrangement Policies,” December 13, 2022, *available at*: http://dc.granicus.com/viewpublisher.php?view_id=2.
- ¹⁷ The other services eligible for federal under include mental health, and substance use disorder services. See FY22 CFSA Performance Oversight Responses, response to Q62, *available at*: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.
- ¹⁸ FY2022 CFSA Performance Oversight Responses, response to Q53, *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.
- ¹⁹ Casey Family Programs, *Are Home Visiting Programs Effective in Reducing Child Maltreatment?* (September, 27, 2022), *available at*: <https://www.casey.org/home-visiting-programs/#:~:text=Studies%20have%20demonstrated%20that%20high,neglect%20among%20low%20Dinco me%20families>.
- ²⁰ Chaityachati BH, Gaither JR, Hughes M, Foley-Schain K, Leventhal JM. Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse Negl.* 2018 May; 79:476-484. doi: 10.1016/j.chiabu.2018.02.019. Epub 2018 Mar 20. PMID: 29558714; PMCID: PMC5894115; Casey Family Programs, *Are Home Visiting Programs Effective in Reducing Child Maltreatment?* (September, 27, 2022), *available at*: <https://www.casey.org/home-visiting-programs/#:~:text=Studies%20have%20demonstrated%20that%20high,neglect%20among%20low%20Dinco me%20families>.
- ²¹ FY2022 Child and Family Service Agency Performance Oversight Responses, response to Q53(d), *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf; FY2021 Child and Family Service Agency Performance Oversight Responses, response to Q60(d), *available at*: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.
- ²¹ Internal Children’s Law Center Data Collection, “GAL Deep Dive,” June 2021 through May 2022.
- ²² FY2023 Child and Family Services Agency Budget, Table RL0-4, Table RL0-5.
- ²³ See Child and Family Services Agency, *Safety Plans Policy*, July 18, 2022, *available at*: <https://cfsa.dc.gov/publication/program-safetyplans#:~:text=A%20safety%20plan%20clearly%20describes,the%20participants%20in%20the%20plans>.
- ²⁴ See Child and Family Services Agency, *Informal Family Planning Arrangements Policy* (July 18, 2022), *available at*: <https://cfsa.dc.gov/publication/ai-informal-family-planning-arrangements>.
- ²⁵ FY2022 Child and Family Service Agency Performance Oversight Responses, response to Q183, *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.
- ²⁶ Child and Family Services Agency, Community Pop-up Briefing, August 18, 2022.
- ²⁷ Committee on Human Services, Public Oversight Roundtable, Brianne Nadeau, Chairperson, December 13, 2022, Roundtable of the Implementation of Safety Plan and Informal Family Planning Arrangements.
- ²⁸ In FY2021 CFSA reported “Our current FACES system does not track the number of individual safety plans developed.” See FY2021 CFSA Performance Oversight Responses, response to Q93(a), *available at*: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing->

[Questions-Responses-Final.pdf](#). In FY2022, CFSA reported the total number of safety plans. See FY2022 CFSA Performance Oversight Responses, response to Q83(a), available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

²⁹ See FY2022 CFSA Performance Oversight Responses, response to Q85, available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

³⁰ CFSA has implemented 33 Safety Plans in FY 2023, 28 cases for Child Protective Services and five (5) cases for In-Home Program Services.³⁰ Of the 66 children involved in the 33 safety plans developed: Six children experienced a separation within 60 days of the plan taking effect, of whom, three children experienced a separation within 30 days and three children experienced a separation between 31-60 days; 12 children were involved in a new hotline call within 60 days of the safety plan. Eleven of the 12 were screened out. The one screened in was linked to an ongoing investigation. The investigation was ultimately substantiated and resulted in a separation. 37 have a case open with CFSA as of February 9, 2023. Of these children, 31 are In Home and six are in an Out-of-Home placement. See FY2022 CFSA Performance Oversight Responses, response to Q183, available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

³¹ Child and Family Services Agency, *Safety Plans*, VI. Sections, Section A: Development of the Safety Plan, (1)(f)(iii), July 18, 2022, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_Safety_Plans_%20July_22_Final.pdf.

³² Child and Family Services, *About*, available at: <https://cfsa.dc.gov/page/about-cfsa>.

³³ Office of the Ombudsperson for Children, 2022 *Inaugural Annual Report*, p. 9, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

³⁴ FY2022 Child and Family Service Agency Performance Oversight Responses, response to Q101, available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf; District of Columbia Government, *Annual Needs Assessment*, FY2022, Child and Family Services Agency, p. 11, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

³⁵ Office of the Ombudsperson for Children, 2022 *Inaugural Annual Report*, p. 9, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

³⁶ District of Columbia Government, FY2022, *Annual Needs Assessment*, Child and Family Services Agency, p. 34, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf; FY2022 Child and Family Service Agency Performance Oversight Responses, response to Q102, available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

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- ³⁷ FY2022 CFSA Performance Oversight Responses, response to Q108, *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf; Internal Children’s Law Center Data Collection, “GAL Deep Dive,” June 2021 through May 2022.
- ³⁸ FY2022 CFSA Performance Oversight Responses, response to Q43(b), *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.
- ³⁹ FY2022 CFSA Performance Oversight Responses, response to Q107, *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf; District of Columbia Government, FY2022, *Annual Needs Assessment*, Child and Family Services Agency, p. 20, 25, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.
- ⁴⁰ In 2017, CFSA developed the SOY program to match specially trained CFSA foster parents with youth who have had challenges in a traditional family-based setting due to behavioral or mental health needs. Aged 13 to 20, SOY youth require parents who are skilled in working with teens and young adults and can support them in learning required independent living skills. District of Columbia Government, FY2021, *Annual Needs Assessment*, Child and Family Services Agency, p. 20, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf. In 2019, CFSA established the placement option of SOAR homes (Stabilization, Observation, Assessment, and Respite) with professional resource parents specifically trained in trauma-informed caregiving (described below). SOAR homes provide temporary care for up to 90 days. These homes are particularly appropriate for children who need an array of comprehensive assessments prior to the Agency being able to appropriately identify the best placement match for the children’s exact needs. District of Columbia Government, FY2022, *Annual Needs Assessment*, Child and Family Services Agency, p. 19, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf. As of June 30, 2022, there were eight SOY homes with 19 beds, providing placement for 13 youth and there were two SOAR resource parents providing a total of four beds, providing placement for three children. *See* District of Columbia Government, FY2022, *Annual Needs Assessment*, Child and Family Services Agency, p. 19, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf; District of Columbia Government, FY2021 *Annual Needs Assessment*, Child and Family Services Agency, p. 156, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. CFSA did not add any additional SOAR beds between FY21 and FY22 and unfortunately one SOY bed was lost in FY22 as compared to FY21. *See* District of Columbia Government, FY2022, *Annual Needs Assessment*, Child and Family Services Agency, p. 19-20, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf; District of Columbia Government, FY2021, *Annual Needs Assessment*, Child and Family Services Agency, p. 156, *available at*: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.
- ⁴¹ District of Columbia Government, FY2022, *Annual Needs Assessment*, Child and Family Services Agency, p. 19-20, *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

⁴² *Id.* at 20.

⁴³ *Id.*

⁴⁴ OSSE, Attendance Report School Year 2021-2022 (Nov. 30, 2022), 8, *available at*:

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2021-22%20Attendance%20Report%20%28Nov%2028%202022%29.pdf>.

⁴⁵ FY2021 CFSA Performance Oversight Responses, response to Q133(g), *available at*:

<https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>; FY2022 CFSA Performance Oversight Responses, response to Q136(g), *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf (In FY22, the graduation rate was 87% and in FY21, the graduation rate was 68%).

⁴⁶ FY2021 CFSA Performance Oversight Responses, response to Q133(e), *available at*:

<https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>; FY2022 CFSA Performance Oversight Responses, response to Q136(e), *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁴⁷ Internal Children’s Law Center Data Collection, “GAL Deep Dive,” June 2021 through May 2022.

⁴⁸ FY2022 CFSA Performance Oversight Responses, response to Q49(a), (b), *available at*:

https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁴⁹ Note CFSA did not report math or reading proficiency in FY2020 and FY2021 due to the COVID-19 pandemic. “CFSA does not have access to current math proficiency levels of its youth in foster care since school districts have put a hold on administering standardized testing since the pandemic began in the Spring of 2020.” *See* FY2021 CFSA Performance Oversight Responses, response to Q56(a), *available at*: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. In FY2019, among foster children in grades 3-8, only 5% met or exceeded expectations in math, and only 12% met or exceeded expectations in reading. CFSA FY2019 Performance Oversight Responses, responses to Q46(a), (b), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

⁵⁰ FY2022 CFSA Performance Oversight Responses, response to Q49(a), (b), *available at*:

https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁵¹ In FY2019, among high school students in foster care, only 2% met or exceeded expectations in math, and only 5% met or exceeded expectations in reading. CFSA FY2019 Performance Oversight Responses, responses to Q46(a), (b), *available at*: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>.

⁵² American Academy of Pediatrics, *Mental and Behavioral Health Needs of Children in Foster Care*, *available at*: <https://www.aap.org/en/patient-care/foster-care/mental-and-behavioral-health-needs-of-children-in-foster-care/>; National Conference of State Legislatures, *Mental Health and Foster Care*, *available at*: <https://www.ncsl.org/human-services/mental-health-and-foster-care>; and Sheppard, S., *The Mental Health Effects of Living in Foster Care*, verywellmind, February 9, 2022, *available at*: <https://www.verywellmind.com/the-mental-health-effects-of-living-in-foster-care-5216614>.

⁵³ *Id.*

⁵⁴ District of Columbia Government, FY2021, *Annual Needs Assessment*, Child and Family Services Agency, p. 43, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

⁵⁵ *Id.*, at p.112.

⁵⁶ *Id.*, at p.56.

⁵⁷ *Id.*, at p. 19.

⁵⁸ *Id.*, p. 25

⁵⁹ The CFSA in-house services include a variety of therapy modalities including child-centered play therapy, grief and loss therapy, cognitive behavioral therapy (CBT), Trauma Systems Therapy (TST), Functional Family Therapy (FFT), Trauma Focused Cognitive Behavioral Therapy, Multisystemic therapy, child parent psychotherapy, and Parent Child Interaction Therapy (PCIT). Child and Family Services Agency (CFSA), FY2021 *Annual Needs Assessment*, p. 162, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

⁶⁰ Child and Family Services Agency, FY2022, *Annual Needs Assessment*, p. 94-95, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

⁶¹ Child and Family Services Agency, FY2021 *Annual Report*, February 2022, available at:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CFSA%20Annual%20Public%20Report%20FY2021.pdf>; CFSA FY21 Performance Oversight Responses, response to Q36(n)(iii), available

at: <https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>; and Child and Family Services Agency, FY2022, *Annual Needs Assessment*, p. 92-98, December 2022, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

⁶² CFSA FY21 Performance Oversight Responses, response to Q36(n)(iii), available at:

<https://dccouncil.gov/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁶³ In 2021 we reviewed 389 cases from June 2020 through May 2021 and in 2022 we reviewed 411 cases from June 2021 and May 2022. In 2021, 175 clients were accessing outpatient services and treatment, and in 2022, 171 clients were accessing outpatient services and treatments. Please note this is not inclusive of clients who may have in that timeframe accessed inpatient behavioral health services like hospitalization, psychiatric residential treatments, and other in-patient services.

⁶⁴ OWB does not serve children under five due to the challenges associated with providing clinical therapeutic services to younger children. Child and Family Services Agency, FY2022, *Annual Needs Assessment*, p. 94-95, December 2022, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf. See also FY22 CFSA Performance Oversight Responses,

response to Q101, available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁶⁵ CFSA FY2022 Needs Assessment found that the Agency has “adequate capacity to deliver services or refer to other providers if necessary.” This has not been our experience for our clients. See Child and Family Services Agency, FY2022, *Annual Needs Assessment*, p. 98, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

⁶⁶ Child and Family Services Agency, FY2022, *Annual Needs Assessment*, p. 95-96, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf.

⁶⁷ Sharra E. Greer, Children's Law Center, Testimony before the District of Columbia Council Committee on Health, (February 1, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/Sharra-Greer_CLC_Performance-Oversight_DBH_General_February-1-2023_final-1.pdf; Amber Rieke, Children's Law Center, Testimony before the District of Columbia Council Committee on Health, (February 1, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_CLC_Performance-Oversight-Testimony_DBH_February-1-2023_SBBH_final-1.pdf.

⁶⁸ *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, December 2021, available at: https://childrenslawcenter.org/wpcontent/uploads/2021/12/BHSystemTransformation_Final_121321.pdf. This report is released by Children's Law Center, Children's National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition.

⁶⁹ B24-0857, Preserving Our Kids' Equity Through Trusts (POKETT) Amendment Act of 2022, available at: <https://lims.dccouncil.gov/Legislation/B24-0857>.

⁷⁰ B24-0989, Educator Background Check Streamlining Amendment Act of 2022, available at: <https://lims.dccouncil.gov/Legislation/B24-0989>.

⁷¹ Tami Weerasingha-Cote, Children's Law Center, Testimony before the District of Columbia Council Committee on Human Services, (September 22, 2022), available at: https://childrenslawcenter.org/wp-content/uploads/2022/09/TWeerasingha-Cote_CLC-Testimony-for-Sept.-22-2022-Hearing-on-B24-0857-B24-0941_FINAL.pdf.

⁷² *Id.*

⁷³ Office of the Chief Financial Officer, Fiscal Impact Statement – Preserving Our Kids' Equity Through Trusts Amendment Act of 2022, November 17, 2022, available at: http://app.cfo.dc.gov/services/fiscal_impact/pdf/spring09/New%20Folder/FIS%20Preserving%20Our%20Kids%20Equity%20Through%20Trusts.pdf.

⁷⁴ *Id.*

⁷⁵ FY2022 CFSA Performance Oversight Responses, response to Q146(c), available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁷⁶ FY2022 CFSA Performance Oversight Responses, response to Q146(d), available at: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁷⁷ *Id.*

⁷⁸ Through this program, youth aging out of care are eligible to apply for RHAP to prevent eviction, cover security deposits, and assist with rent payments. However, per CFSA's FY2022 Oversight Responses, only 42 youth applied for RHAP and, of those, only 14 received assistance. FY2022 CFSA Performance Oversight Responses, response to Q154(f), available at: <https://dccouncil.gov/wp->

[content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf](#).

⁷⁹ A federal rental assistance program for a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older. *See* U.S. Department of Housing and Urban Development, Family Unification Program (FUP), *available at*: [https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/family#:~:text=The%20Fami%20ly%20Unification%20Program%20\(FUP,%2Dof%2Dhome%20care%2C%20or.](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/family#:~:text=The%20Fami%20ly%20Unification%20Program%20(FUP,%2Dof%2Dhome%20care%2C%20or.)

⁸⁰ Wayne Place Project is for youth transitioning out of a psychiatric residential treatment facility (PRTF) or who otherwise need intensive behavioral health supports. *See* FY2022 CFSA Performance Oversight Responses, response to Q156(a), *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁸¹ Mary Elizabeth House and Genesis are designed to support transitional living for pregnant and parenting youth. *See* Child and Family Services Agency (CFSA), FY2022, *Annual Needs Assessment*, p. 26, *available at*:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY22_Needs_Assessment_FY24_Resource_Development_Plan_FINAL.pdf; FY2022 CFSA Performance Oversight Responses, response to Q156(a), *available at*: https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf.

⁸² Tami Weerasingha-Cote, Children’s Law Center, Testimony before the District of Columbia Council Committee on Human Services, (September 22, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/09/TWeerasingha-Cote_CLC-Testimony-for-Sept.-22-2022-Hearing-on-B24-0857-B24-0941_FINAL.pdf.

⁸³ Tami Weerasingha-Cote, Children’s Law Center, Testimony before the District of Columbia Council Committee on Human Services, (December 13, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/12/TWeerasingha-Cote_CLC-Testimony_Dec-13-2022_Roundtable-Safety-Planning-Informal-Family-Planning-Arrangements_FINAL.pdf.

⁸⁴ Tami Weerasingha-Cote, Children’s Law Center, Testimony before the District of Columbia Council Committee on Human Services, (September 22, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/09/TWeerasingha-Cote_CLC-Testimony-for-Sept.-22-2022-Hearing-on-B24-0857-B24-0941_FINAL.pdf.

⁸⁵ Preserving Our Kids’ Equity Through Trusts and Fostering Stable Housing Opportunities Amendment Act of 202, Sec. 303g., (c). Housing for youth aging out of Agency custody.



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Testimony Before the District of Columbia Council
Committee on Facilities and Family Services
February 24, 2023

Public Hearing:
Performance Oversight for the Office of the Ombudsperson for Children

Sharra E. Greer
Policy Director
Children's Law Center

Introduction

Good afternoon, Chairperson Lewis George, members of the Committee, and staff. My name is Sharra E. Greer. I am the Policy Director of the Children's Law Center and a resident of the District. Children's Law Center believes every child should grow up with a strong foundation of family, health, and education and live in a world free from poverty, trauma, racism, and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners, and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for this opportunity to testify regarding the Office of the Ombudsperson for Children.¹ Each year, Children's Law Center attorneys serve as guardians-ad-litem for several hundred children in foster care and protective supervision – over half of all children in the care and custody of the Child and Family Services Agency (CFSA).²

Children's Law Center has testified to the urgent need for this Office many times over the past few years.³ We commend the Council for its decisive action to establish and fund this Office despite the many obstacles and appreciate all the work that has gone into the creation of this Office.⁴ Since her appointment, the Ombudsperson, Shalonda

Cawthon, has been working diligently to build a solid foundation for the Office through learning, active partnership building, and establishing office practices and procedures. During this time, the Office has made significant steps forward, including hiring the Chief Deputy Ombudsperson and the Deputy CFSA Ombudsperson.⁵ We believe the Office has the right vision focusing on Collaboration, Service, and Accountability to foster improved outcomes for CFSA-involved children and families.⁶

The Office of the Ombudsperson is working with the District's government and collaborating with key stakeholders including community members

From the beginning of her tenure, Ombudsperson Cawthon understood this work could not be done in a silo. In five short months, she has met with CFSA, the Department of Youth and Rehabilitation Services (DYRS), and the Department of Human Services (DHS) leadership to discuss matters like inter-agency coordination.⁷ Additionally, the Ombudsperson has sought out and received support from the Office of the District of Columbia Auditor (ODCA), the Office of the Inspector General for the District of Columbia (OIG), and the Office of the Attorney General (OAG) to ensure smooth operation of the Office of the Ombudsperson for Children.⁸

The Ombudsperson and her team are working on growing relationships not only within the government but also with community members. The Office of the Ombudsperson has met with local child welfare advocates several times since the establishment of the Office.⁹ Recently, the Ombudsperson held a Community Pop-up Briefing in partnership with CFSA.¹⁰ Additionally, the Ombudsperson met with other

Ombuds from across the nation to learn from their experiences, structures, and processes.¹¹

We are impressed with the collaboration between the Ombudsperson, CFSA, and DYRS.¹² Currently, no District agency comprehensively tracks crossover youth or conducts systemic analyses on factors affecting their outcomes. As a result, these youth and their problems have remained largely invisible to the Council and the agencies responsible for their well-being.¹³ The Ombudsperson for Children is explicitly tasked by law to report annually on crossover youth and identify systemic issues impacting their outcomes.¹⁴

The Office has already partnered with CFSA and DYRS to develop and execute data sharing agreement between the two agencies that allows for a better understanding of the population of youth served by both agencies, as well as those youth who have prior history with CFSA and have crossed over from one system to the other.¹⁵ Last year, CLC had 49 clients who were identified as cross-over youth.¹⁶ Crossover youth experience significant challenges to their wellbeing and stability, too often rolling from one system into the next: from foster care to DC's homeless or juvenile justice systems; from the juvenile justice system to prison. Between June 2021 and May 2022, 11 of CLC's 49 cross-over youth experience placement issues relating to their juvenile justice involvement.¹⁷ Additionally, cross over youth face even greater barriers to positive outcomes in including more difficulties in school and higher unemployment rates than foster care

youth involved in only one system. The Ombudsperson's analysis of data will inform gaps in services, and opportunities for collaboration towards improved outcomes for crossover/dual status youth. The Office had hoped to have an update on this agreement by January 2023, but we understand this kind of agreement can take time to ensure it is robust and not overly onerous on either agency. We look forward to hearing an update on the progress of this agreement.

The Office has also made strides working directly with CFSA. CFSA has made the decision to transfer the CFSA internal ombudsman function to the Office of the Ombudsperson for Children. We applaud CFSA for recognizing the value of the Office and believe this will give a streamlined approach to address complexities of the child welfare system, work to resolve everyday problems, and identify areas for long term, systemic reform. CFSA and the Ombudsperson plan to work together to ensure a smooth transition, which will not take effect until after the Office of the Ombudsperson has systems in place to receive and respond to complaints from constituents and the Deputy CFSA Ombudsperson has been onboarded.¹⁸

Finally, the Ombudsperson will be instrumental in supporting the Council in fulfilling its duty to children and families in the foster care system and to exercise effective oversight of DC's child welfare system – a system that encompasses many agencies beyond just CFSA. The Department of Behavioral Health (DBH), the Department of Health Care Finance (DHCF), the Office of the Superintendent of

Education (OSSE), District of Columbia Public Schools (DCPS), DYRS, the DC Housing Authority (DCHA), and the Metropolitan Police Department (MPD) all have a role to play in ensuring the District fulfills its responsibilities to DC's foster children and their families. The Ombudsperson for Children can help the Council hold all relevant city agencies accountable for meeting the needs of child welfare-involved families and actively facilitate interagency cooperation.

The Office of the Ombudsperson has opened its services to the public and will begin to facilitate complaints

In early February the Office of the Ombudsperson website went live and is now able to begin to serve constituents including youth, birth parents, relative caregivers, foster parents and others concerned with services provided to CFSA children and youth.¹⁹ The Ombuds Office will now be a place for families to turn to when they are struggling to resolve day-to-day problems as well as navigate the complexities of the child welfare system. Such problems could include overcoming bureaucratic hurdles to obtaining essential items; connecting children and families to hard-to-find behavioral health services; and figuring out where to get additional support for achieving critical milestones such as obtaining a driver's license, work permit, or applying for college.

The complaint form will be entered into the database that the Office of the Chief Technology Officer (OCTO) helped to create.²⁰ This will allow the Office to keep track and streamline their work as well as report out key information regarding patterns in complaints which will be critical for identifying areas for systemic reform.

At the time of this testimony, it is still too early to report on how the services are working, including the complaint form via the website. Given the level of collaboration to date, we expect the Office to be transparent and provide forums for feedback on areas working well and areas that need improvement. As we testified to in our CFSA performance oversight testimony, we envision the Office serving as a crucial resource for District children and families, but it needs the time and support to do so.²¹

We ask this Committee to apply a critical eye to the implementation of the Ombudsperson's services and provide the necessary feedback and assistance to ensure the Office's success in serving the District and achieving better outcomes for CFSA-involved children, youth, and their families.

The Office of the Ombudsperson is working on accountability through data collection and targeting key partnerships across the District

The Ombuds Office is responsible for monitoring CFSA's performance using data metrics in order to identify areas of strength and areas needing improvement.²² This is particularly important as almost a year ago, the court monitoring of CFSA ended.²³ CLC and other advocates voiced concerns of going from 30 years of supervision by a court monitor to nothing.²⁴ During the court monitoring, the Center for the Study of Social Policy (CSSP), collected data, documents, and other information from CFSA and provided this information to the Court, public, and the Council in the form of regular reports and testimony. Losing the court monitor and its regular publication of detailed analysis and data reports could have significantly impacted public transparency of the

agency and the Council's ability to exercise oversight over CFSA. Performance oversight simply cannot cover the depth and complexity that the court monitor's reports did – nor does the testimony of the agency provide the independent insight into the agency's performance that the court monitor did.

Fortunately, we will not have to experience this gap in accountability. The Ombudsperson for Children has direct access to CFSA data in the same way that the court monitor did and has already begun regularly reporting data trends and analysis to the Council, just as the court monitor did. The Ombudsperson inaugural report provides data regarding placement stability, hospitalizations and placements in residential treatment facilities, and access to behavioral health services. The Office identified three additional metrics to report on, which included the number of entries into care, the number of children in care by placement type, and the number of exits from foster care by exit type. As noted above, the Ombudsperson is still working to collect data on crossover youth.

We appreciate the Office already identifying additional metrics and building out a report in their first five months that will help inform future reporting and data collection. Collecting this level of data, along with the data from any complaints, will be critical for the long-term work of the Ombudsperson to address systemic issues.

Conclusion

Thank you for the opportunity to testify. I welcome any questions the Committee may have.

¹ The Office of the Ombudsperson for Children is the legislative agency tasked with helping CFSA-involved children and families resolve day-to-day problems and tackling systemic issues that affect outcomes for foster children. See *Office of the Ombudsperson for Children*, DC Act 23-617.

² Children’s Law Center attorneys represent children who are the subject of abuse and neglect cases in DC’s Family Court. CLC attorneys fight to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children’s Law Center, About Us, available at: <https://www.childrenslawcenter.org/content/about-us>. The term “protective supervision” means a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).

³ Judith Sandalow, Testimony Before the District of Columbia Council, Committee of the Whole, (June 7, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/JSandalow_Childrens-Law-CenterTestimony-for-June-7-2021-Committee-of-the-Whole-Budget-Oversight-Hearing_FINAL-1.pdf; Sharra E. Greer, Testimony Before the District of Columbia Council, Committee on Human Services, (June 10, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/SGreer_Childrens-Law-Center-Testimony-for-June-10-2021-CFSA-Budget-Oversight-Hearing_FINAL.pdf; Sharra E. Greer, Testimony Before the District of Columbia Council, Committee on Housing & Executive Administration, (June 22, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/SGreer_Childrens-Law-Center-Testimony-for-June-22-2021-City-Administrator-Budget-Oversight-Hearing_FINAL.pdf; and Tami Weerasingha-Cote, Testimony Before the District of Columbia Council, Committee on Human Services, (March 24, 2022), available at: https://childrenslawcenter.org/wp-content/uploads/2022/03/TWeerasingha-Cote_Childrens-Law-Center-Testimonyfor-Mar.-24-2022-CFSA-Budget-Hearing_Final-1.pdf.

⁴ The first vote for the Office of Ombudsperson for Children, B23-0437, took place at the December 1, 2020 legislative meeting, and the second vote took place on December 15, 2020 legislative meeting. At both meetings, all thirteen Councilmembers voted to approve the Bill. See B23-0437, Child Safety and WellBeing Ombudsperson Establishment Act of 2019 (now known as “Office of the Ombudsperson for Children Establishment Amendment Act of 2020), LIMS Home, Legislation Detail, available at: <https://lims.dccouncil.us/Legislation/B23-0437>. At the legislative meeting on February 2, 2021, however, Councilmember Cheh voted against overriding the Mayor’s veto. The remaining twelve Councilmembers voted to override the veto and the Bill passed. *Id.* In both the FY2022 and FY2023 Mayor’s proposed budget, the Mayor provided no funding for the Office of the Ombudsperson. See Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Office of the Ombudsperson for Children [RO0], p. E-101; Mayor’s Proposed FY 2022 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Office of the Ombudsperson for Children [RO0], p. E-169. Both years the Council recognized the importance of the Office and ensured full funding. See FY2023 Office of the Ombudsperson for Children Budget, Table, Table RO0-1, p. E-107.

⁵ District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

⁶ *Id.*

⁷ *Id.*

⁸ District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

⁹ *Id.*

¹⁰ The Community Briefing took place on Thursday, February 16, 2023, from 4-5 PM.

¹¹ District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

¹² *Id.*

¹³ Crossover youth experience significant challenges to their well-being and stability, too often rolling from one system into the next: from foster care to DC’s homeless or juvenile justice systems; from the juvenile justice system to prison. Crossover youth face even greater barriers to positive outcomes in adulthood – including more difficulties in school and higher unemployment rates – than foster care youth involved in only one system. The steps described above by the Office are in the right direction of bringing attention to this long-overlooked population and begin providing solutions for better outcomes.

¹⁴ *Office of the Ombudsperson for Children*, DC Act 23-617, Sec. 108(b)(3).

¹⁵ District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

¹⁶ Internal Children’s Law Center Data collected between June 2021 through May 2022.

¹⁷ *Id.*

¹⁸ District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

¹⁹ See Office of the Ombudsperson for Children, Home Page, *available at*: <https://ofc.dc.gov/>. CFSA Ombudsperson Flyer, February 6, 2023, on file with the Children’s Law Center.

²⁰ District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*:

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

²¹ Sharra E. Greer, Testimony Before the District of Columbia Council, Committee on Facilities and Family Services, (February 24, 2023).

²² District of Columbia Office of the Ombudsperson for Children, Inaugural Annual Report (July 25, 2022 – December 29, 2022), December 30, 2022, *available at*: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/D.C.%20Office%20of%20the%20Ombudsperson%20for%20Children%20Inaugural%20Annual%20Report%20December%2029%202022a.pdf>.

²³ See District of Columbia Office of the Attorney General, *AG Racine Statement on Conclusion of Three-Decade Long Court Oversight of District's Child & Family Services Agency*, June 1, 2021, *available at*: <https://oag.dc.gov/release/ag-racine-statement-conclusion-three-decade-long>.

²⁴ Office of the Budget Director, *Report and Recommendations of the Committee on Human Services on the Fiscal Year 2023 Budget and Financial Plan for Agencies Under Its Purview*, April 28, 2022, p. 99-100, *available at*:

https://lims.dccouncil.gov/downloads/LIMS/49081/Committee_Report/B24-0716-Committee_Report2.pdf;

Tami Weerasingha-Cote, Testimony Before the District of Columbia Council, Committee on Human Services, (March 24, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/03/TWeerasingha-Cote_Childrens-Law-Center-Testimonyfor-Mar.-24-2022-CFSA-Budget-Hearing_Final-1.pdf;

Akosua Ali, NAACP, Testimony Before the District of Columbia Committee on Human Services, (March 24, 2022), *available at*:

https://lims.dccouncil.gov/downloads/LIMS/49081/Committee_Report/B24-0716-Committee_Report2.pdf;

Marla Spindel, D.C. KinCare Alliance, Testimony Before the District of Columbia Committee on Human Services, (March 24, 2022), *available at*:

https://lims.dccouncil.gov/downloads/LIMS/49081/Committee_Report/B24-0716-Committee_Report2.pdf.

Demetrui Harvin

Father Child Attachment Home Visiting Program Participant

My name is Demetrui Harvin, I am a single parent of 5 children, I have 2 sets of twins, and the youngest who I delivered myself so as you can see, I am a proud black father. Right now, I am frustrated with this system. Please listen to understand and not judge me by my anger. Please like my amazing few Nandi listen with empathy. My anger comes from my children being pawns in this messed up system, my children mean the world to me, and my children are being affected by the inadequate people running these government agencies.

What will it take for Father of color to have the same rights as the mother until? Without having to fight in court for legal and physical rights. It took two years for me to get physical custody of children and to be seen as their legal guardian. I am still fighting to get sole custody of my children when I am responsible for 100% of their care. I make sure my children are fed, clothed in school, everything you can think a father is supposed to be doing. Yet I am constantly having to prove that I am a single parent. The last time she seen her children was in May 2022. She has not called, texted, or had any concern regarding her children. Imagine how my babies, when are you going to hold her accountable like y'all would've did me as absent black father. I would have been arrested, children removed if I were neglecting them and/or having to pay child support, does this city really care about the children? It does not look like it to me. Yet I still must have the mother present to support my children.

This system is messed up, you have all this money, yet you want to sit back and watch amazing, hardworking fathers like me who care about their children unconditionally. struggle! Everyone needs support, I'm sure there was a time when you needed a helping hand or needed someone to listen to you. I am asking you to do the same. Now listen How does DHS have documentation and proof that I have custody of my children, whom I will repeat again lives with me and have been for the last 2 years. Allow their mother to walk into the building to present fake documents and cause my case to be kicked out of the system 3 times. They assumed I was doing fraud, yet believe a woman was claiming a 43-year-old man. Who is the father of her 5 children, Council members? How is that right? How is it okay to assume that I am lying when all my documentation is in order? If you are not checking the integrity of the workers in the agencies, how am I supposed to trust that my testimony today will be heard? I've been complaining to supervisor regarding the workers not verifying documents and allowing the mother of my children to get benefits when she does not have children. That should be disciplinary action! A father should not need the mother to get the birth certificate for his children and again as their father I'm tethered to them and have been present in all their lives since birth. I've been waiting for someone in TANF to contact me back in October 2021. I do not have a case worker either, my FSW Nandi has reached out and filed multiple complaints yet she or I have not heard anything from them. I've reported my children mom committing fraud to the IRS, police department and nobody did anything. I have evidence that she opened my check via video, told me that she was going to cash check and then the check was cashed meaning she forged my signature! The police do not want to do anything! Still I know I take the role of being a father important, I hope I can receive the support to make sure I'm not pushed out of my children's lives, intentionally or unintentionally.

I believe that the fatherhood program is very important and is needed. Not only has it made me change my ways of thinking it also helps me understand the importance of being in my children's lives. Nandi has helped me out with that and always give me good information and connect me to helpful resources and it motivates me. I thank her for that, I believe that it gives fathers hope and helps them want to be the dad that they never had and it uplifts me knowing that I have someone who is dedicated to their job helping me and others.

Testimony of
Sabrina Hayden
Foster Parent Licensed by The National Center for Children and Family (NCCF)
2023 Performance Oversight Hearing: Committee on Facilities & Family Services
Council of the District of Columbia
The Honorable Janeese Lewis George, Chair
February 24, 2023
VIA Zoom
12:00 PM

Good afternoon. My name is Sabrina Hayden and I am a Foster Parent licensed by The National Center for Children and Families (NCCF) and a resident of Prince George's County, Maryland. Thank you, Councilmember Lewis George and members of the committee, for allowing me time to share testimony today.

I have been a foster parent with NCCF for 3 years. I wanted to be a foster parent for a long time and started the process earlier with another agency but waited until my son was a little older to finish up the classes. As a Special Education teacher for the District of Columbia Public Schools, I saw a real need. I love children and wanted to go beyond the classroom to help them. I know the value of structure for children and wanted to be able to offer that long term to vulnerable young people within my home. My house was large enough for more children and I was inspired to open my life up to a larger family. I have had 2 foster children so far and adopted my very first placement.

I love the community that NCCF has provided for foster parents and children. The staff is very hands on, and the classes and resources have really been valuable to me. I have also found them extremely flexible and very willing to work with you around placements and making sure that you can meet the specific needs of the child in your care.

I enjoy being a foster parent, but it is not always easy. I want the very best of everything for my all my children, especially my foster children. They are in a difficult stage of their lives, and they need stability and normalcy. Scheduling home visits, therapy, tutoring, visits with birth families that are often cancelled, not to mention the activities you want them in like dance classes, music lessons, and sports is very challenging for foster parents and takes up a great deal of time. Additionally, the costs of foster parenting are a barrier for lots of people because the cost of food, utilities, and activities is rising rapidly but the amount of the stipend has not changed for years. Foster parents would greatly benefit from an increase in their stipend. Reimbursement where it is permitted helps but it takes a long time to receive funds and that can be difficult to budget for at times. In order for these children to become well-rounded adults they need the best care, resources, and experiences that we can provide.

Thank you.

Written Testimony of Dr. Stephania A. Herrera
Executive Director of BEST Kids, Inc
Committee on Facilities and Family Services
Performance Oversight Hearing Testimony
Friday, February 24, 2023

My name is Dr. Stephania Herrera and I serve as the Executive Director at BEST Kids. This past year was an important year for our organization's work in mentoring youth in foster care across the District of Columbia, especially as the young people of our city and nation are still recovering from the devastating effects of COVID-19.

For the past 22 years, BEST Kids has served over 500 youth in the DC foster care system. Our success in serving this extremely vulnerable population can be evidenced by the hundreds of youth who have participated in our program and have graduated high school, gone on to college or trade school, secured their first job and navigated family challenges, all with the support of a caring, adult mentor and through the programming we provide. In 2021, our agency was the only mentoring program in Washington, DC to be certified as a Quality Based Mentoring program by the National Mentoring Partnership that measures the organization's programming against national standards in effective mentoring best practices.

It is through the deep partnership that we have established over the years with the city's education agencies and their partners that we have been able to provide these critical services to the foster youth of DC.

BEST Kids first entered a funding relationship with DC's Child and Family Services Agency (CFSA) through a grant. We were the first of three organizations to be selected to receive the Volunteer Mentoring Program grant along with Community Life Services and CASA DC. In 2014, the funding arrangement switched from a grant to a contract award. We were one of two organizations selected to execute this contract; however, the other organization (Life Deeds) did not last more than a few months which allowed us to add more capacity and funds to our contract over the course of that first year. We were able to increase the contract amount to approximately \$500k per year to serve 115 youth each year.

In 2019, we were selected again as the contractor through a competitive bidding process for approximately \$500k per year for 125 youth served. In 2020, CFSA lowered our budget amount to \$289k to realign with the number of youth we were serving at the time which was about 40-50 youth under the contract. This funding reduction caused BEST Kids to lay off 1 full-time and 5 part-time staff members in November of 2020. In 2020-2021, we were in year two of five of our second 5-year contract term.

In July of 2022 I was suddenly notified that the contract for \$289,000 for 2023 was not going to be renewed due to no fault of our own. CFSA was reorganizing their contracts and our funds were going to be reallocated. I eventually discovered with the help of Daniel Passon from

Councilmember Nadeau's Office said that funds were allocated to the Department of Youth and Rehabilitation Services (DYRS) so they could fund a mentorship program for youth who were incarcerated. At the time, we were servicing 87 youth that CFSA referred to us and this amount. With that unexpected reallocation, there is now a tremendous funding gap for mentoring foster care youth who have not been incarcerated and especially for our younger children that remain in the DC foster care system.

Since the loss of funding, BEST Kids has continued to fight for our foster care youth. We have not stopped or reneged on our mission of "connecting with youth in foster care to build healthy and successful futures through long-lasting mentoring relationships." In fact, on 12/9/22 BEST Kids received a "Very Good" rating from CFSA, and they said that they would do business with us again. While we are continuing to mentor the foster care youth that they CFSA sends us and while CFSA said they would continue to send us new referrals, we are in effect providing these services for free and at the expense of our program being in jeopardy of continuing to provide effective programming for our youth.

This loss of this funding with short notice threatens the future of BEST Kids also the foster care youth and families we serve.

The District's educational agencies have been one of our oldest and most committed supporters for much of the time BEST Kids has been in operation in the city. While we are troubled by the issues outlined above, we know that we can continue to achieve great things through our partnerships.

Perhaps the best way to highlight what we can achieve together through our partnerships is to highlight some recent survey results from our programming as well as share one of many success stories from a former BEST Kids' mentee.

Some findings from survey results over the last two years indicate: Over 80% of mentees reported a greater level of confidence in their ability to learn new things taught in school; over 50% of youth reported that they were able to better communicate their feelings to their caregiver; over 36% of youth found that they had more confidence in their ability to have control over their feelings; over 20% of youth had decreased involvement in fights with others; and over 98% of caregivers found that their child more readily offered help to others. These findings reflect the impact that our programming is making in the lives of our youth and in the DC communities in which they live.

One of the best pieces of evidence that our program is changing the lives of the youth we serve for the better, can be found in stories like that of Dorian, a long-time BEST Kids mentee. When he came to BEST Kids, Dorian was experiencing family conflicts, struggles with his mental health, and trying to navigate life post high school. Through his mentoring relationships and participation in our community programs, he gained confidence and leadership skills. These skills would later help him to establish the Youth Advisory Club at BEST Kids. Dorian became the YAC Team Leader in 2020 and helped to train the next cohort of mentees joining YAC. When a

Mentoring Support Specialist position at BEST Kids opened up, we knew we wanted to hire someone who cared about youth in foster care and who could bring experience that aligned with the mission of BEST Kids along with ideas to help the organization grow even more. Who else could bring this skill set other than a former mentee himself? In February 2022, Dorian joined the BEST Kids team as a Mentoring Support Specialist, becoming the first mentee to be employed as a full-time staff member. Dorian says of his experience, "While being with BEST Kids I grew from being a bipolar wallflower to a confident young man that can thrive in any situation I'm placed in. Being part of BEST Kids has changed my life." Dorian is just one example of how BEST Kids has empowered a vulnerable person with the necessary tools and opportunities to build a brighter and successful future.

BEST Kids is a program that deserves to remain a priority in the list of funding priorities for DC's education committee. Your support will enable us to help ensure that despite the challenges they face on a daily basis, foster youth in DC are empowered and given the opportunities to be in a position where they can succeed and thrive.

Thank you for your time.



**Testimony of Sarah Barclay Hoffman
Early Childhood Innovation Network**

**Performance Oversight Hearing: Child and Family Services Agency
Committee on Facilities and Family Services
Council of the District of Columbia**

February 24, 2023

Good afternoon Chairwoman Lewis George, and members of the Committee. My name is Sarah Barclay Hoffman, and I am the Policy Director of the Early Childhood Innovation Network (ECIN). ECIN is a local collaborative of health and education providers, community-based organizations, researchers, and advocates that promote resilience in families and children from pregnancy through age 5 in Washington, DC.¹ Through close collaboration with families and community stakeholders in the District of Columbia, ECIN aims to advance innovative strategies that support healthy physical and emotional development among infants and children, and ensure the adults in young children's lives have the supports and tools they need. ECIN's tailored interventions work to promote health equity in Black and Brown communities. ECIN is also a member of the Under 3 DC Coalition. Thank you for the opportunity to submit written testimony regarding the performance of the Child and Family Services Agency (CFSA) during this past year. I will focus my testimony on CFSA's important focus on the prenatal to three period, and the home visiting program, which has worked to improve parent-infant attachment, increase school readiness, reduce preterm births, and support family economic security.

CFSA's Focus on Prenatal to Three

We applaud CFSA's commitment and focus on the critical prenatal to three period, and attendant programs and policies. CFSA demonstrated this in numerous ways over the past year, such as through their participation, including as a steering committee member, in the ECIN Prenatal to Five Capacity Building Collaborative (P5CBC). The ECIN P5CBC is a local public private coalition that works to increase investments and improve equity in prenatal-to-3 programs and services that support the health and development of D.C. infants, toddlers, and their families.² Additionally, CFSA developed an intentional Prenatal to Three 2022-2025 Plan, focusing specifically on prevention and family strengthening. CFSA also worked closely with the ECIN P5CBC to facilitate evidence-based training for many individuals in the Family Success Center Network in the Facilitating Attuned Interactions (FAN) model, which enhances provider-caregiver relationships. Home visiting is another critical prenatal to three strategy that CFSA employs.

Home Visiting has a Robust Evidence-Base

For over 30 years, home visiting programs have been improving the health and wellbeing of children and families from diverse communities. Families that opt to receive home visiting services are

¹ For more information on ECIN and its innovations, see <https://www.ecin.org/>.

² For more information on the ECIN Prenatal to Five Capacity Building Collaborative, see <https://www.ecin.org/prenatal-to-5#aboutp5cbc>



paired with a licensed professional and receive consistent and trusted parenting feedback in a space where they feel most safe and comfortable. Home visiting programs implemented in the past 20 years have shown to prevent child abuse and neglect, support positive parenting, strengthen parent-baby attachment, decrease pre-term birth, and improve school readiness.³ In Washington, DC specifically, the home visiting program reached 500 families in 2021, specifically targeting Black and Brown communities.⁴

Home visitors are trained to provide a wide array of services and give participants well-rounded assessment and feedback using an equity lens. For example, many home visiting programs prioritize early language and literacy activities, ultimately improving children's academic, social, and cognitive functions and paving the way for improved school readiness.⁵ Specifically, the Health Resources and Services Administration (HRSA) reported that in FY21, 80 percent of children enrolled in various home visiting program had a family member who read, told stories, and/or sang with them on a daily basis, which led to improved vocabulary and literary skills.⁶ Another crucial component of home visiting programs is screening for perinatal and postpartum depression. While mental illness during pregnancy and post childbirth is associated with an increased risk of developmental and health concerns for the child, early intervention has proven incredibly effective at reducing this risk.⁷ In their report, HRSA indicated that 81% of new mothers were screened for depression within 3 months of enrollment or 3 months of delivery.⁸

High Turnover Among Home Visitors

Despite the wide array of evidence for home visiting, the program lacks sustainability due to current funding levels. While many home visitors obtain specific and unique training to fulfill their duties, they receive low compensation and acquire a high administrative burden in their jobs. Specifically, as of 2021, home visitors in DC received an average salary of \$43,308, which was about \$3000 below the average cost of living.⁹ Additionally, most home visitors spend half of their time documenting home visits and family information for funding agencies, which is often redundant and takes away from the rewarding nature of family interaction.¹⁰ This often leads to high turnover among qualified home visitors, and therefore a lack of consistency for families enrolled in the program. Since

³ HRSA Maternal and Child Health. (2022). *The Maternal, Infant, and Early Childhood Home Visiting Program*. Health Resources and Services Administration. <https://mchb.hrsa.gov/sites/default/files/mchb/about-us/program-brief.pdf>

⁴ DC ACTION. (2022). Standardizing Wages, Boosting Funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession. <https://www.wearcdaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting>

⁵ Ramey, C. T., & Ramey, S. L. (2004). Early Learning and School Readiness: Can Early Intervention Make a Difference? *Merrill-Palmer Quarterly*, 50(4), 471–491. <https://doi.org/10.1353/mpq.2004.0034>

⁶ *Id.* See footnote 3.

⁷ Centers for Disease Control and Prevention (CDC). (2022, May 2). *Identifying Maternal Depression*. CDC Reproductive Health. <https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/index.html>

⁸ *Id.* See footnote 3.

⁹ *Id.* See footnote 4.

¹⁰ *Ibid.*



much of the home visiting program is built upon mutual trust, this shortfall of sustainability makes it difficult for families to receive the full benefit of this program.

The Importance of Continued Investment in Home Visiting Programs

Not only does home visiting improve family wellbeing and economic security, but the National Home Visiting Resource Center has also shown that it is highly cost-effective. Specifically, studies have found a return on investment of \$1.80 to \$5.70 for every dollar spent on home visiting.¹¹ This is often because families who participate in home visiting programs have lower utilization of other government services. Further, the cost-saving benefits in addition to the program's large evidence base of improving healthy equity and outcomes for at-risk communities, make home visiting an essential intervention for children and families in DC. Expanded investment for this program is crucial in order to reduce home visitor turnover and maximize the reach of this program to families who need it most.

To help ensure home visiting is meeting its full potential, we support an increase to existing home visiting grants at DC Health, as they have not been adjusted for inflation since 2019, to fund higher wages for home visiting staff, and to enable programs to adapt to the increased demands on their workforce and provide resources to support families. We also support decreasing administrative burden to help support retention in the home visiting workforce.

We at ECIN appreciate CFSA's dedication and investment in families with young children. We look forward to continued collaboration. Thank you again for the opportunity to submit written testimony and I welcome any questions the Committee may have.

¹¹ National Home Visiting Resource Center (NHVRC). (2023). *Why Home Visiting*. <https://nhvrc.org/about-home-visiting/why-home-visiting/>

**Testimony of Nisa Hussain
Early Childhood Program Manager, DC Action
Child and Family Services Agency
Committee on Facilities and Human Services: Performance Oversight Hearing
Fiscal Year 2023
Council of the District of Columbia**

Good afternoon, Councilmember Lewis George and members of the Committee on Facilities and Human Services. Thank you for the opportunity to address the Council as it reviews the Child and Family Services Agency's performance and thank you Chairperson Lewis George for your ongoing support for DC families. I am Nisa Hussain, Early Childhood Program Manager for DC Action, chair of the DC Home Visiting Council, and member of the Under 3 DC Coalition.

DC Action uses research, data, and a racial equity lens to break down barriers that stand in the way of all kids reaching their full potential. Our collaborative advocacy initiatives bring the power of young people and all residents to raise their voices to create change. We are also the home of DC KIDS COUNT, an online resource that tracks key indicators of child and youth well-being.

Today, my remarks will focus on the critical role of CFSA's early childhood home visiting programs and the need for increased funding to these services, so that programs can perform at their optimal level for families.

For context, CFSA funds the Parent Support and Home Visitation program at Community Family Life Services, the Father-Child Attachment program at Mary's Center, and the HIPPY program at The Family Place.

Home visiting is an effective early childhood strategy that supports the healthy development of children and families.

Home visiting is a valuable, evidence-based strategy that has long been used by states to improve the health and well-being of young children under 5, expectant parents, and families, especially families with lower incomes or multiple risk factors. Home visiting programs deliver social, health, and educational services and connect families to other medical or social services they may benefit from.

Studies have shown home visiting can lead to positive maternal and child health outcomes like improvements in school readiness, healthy birth outcomes, reductions in child maltreatment, and family economic security¹.

These services also support families during an extremely critical time, since their participants are expectant parents and families with children 5 and under. A child's brain develops rapidly during the first five years of life. The early years are critical for making brain connections that will determine cognitive, emotional, and physical development. This is a window of time where experiences can create a lasting effect on a child's trajectory in life as an adult². Positive experiences, such as engaging and nurturing parenting or basic activities like talking and playing, can stimulate growth and protect a child's brain from toxic stress. Negative experiences, like exposure to violence, unstable housing, or accumulated family hardships, can take a toll on an individual's development and their future physical and mental health³. Home visiting is a preventative public health approach that works to enhance protective factors and minimize these negative ones, such as adverse childhood experiences (ACEs), in a child's life, strengthening the family and community overall. Home visiting can help parents cope with stressors, navigate a parent's own history of trauma, and ultimately work towards reducing child abuse and neglect⁴.

Home visiting distinctly relies on a home visitor's long standing and trusted relationship with the family to achieve success⁵. This connection allows the home visitor to coach parents to succeed in providing their children a stable environment and in caring for their children with confidence. When parents feel confident in their role as an empowered caregiver, their children can receive the care they need to meet their highest potential.

This extra support to caregivers who are working to create a safe and secure environment for their child to thrive in is demonstrated well in CFSA's home visiting programs. For example, Mary's Center's Father-Child Attachment program works with fathers and masculine caregivers to build positive relationships with their children and families⁶. Community Family Life Services' Parent Support and Home Visitation program works with parents experiencing homelessness,

¹ <https://nhvrc.org/about-home-visiting/why-home-visiting/>

² <https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>

³ <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

⁴ <https://homvee.acf.hhs.gov/outcomes/reductions%20in%20child%20maltreatment/In%20Brief>

⁵ https://www.acf.hhs.gov/sites/default/files/documents/opre/home_visiting_outreach_july2022.pdf

⁶ <https://www.maryscenter.org/social-services/family-support-programs/home-visiting/>

domestic violence, or formerly incarcerated citizens seeking to reunify with their children⁷. The Family Place's HIPPY program focuses on Spanish-speaking families with children ages 3-5 who are low-literacy or from marginalized communities⁸. In 2022, these three programs served 173 families. These programs are uniquely positioned to serve special populations and primarily Black and brown households, who may face additional barriers and have been disproportionately overburdened by the impacts of COVID-19 for the last several years.

While home visiting continues to play a critical role in the District's early childhood strategy, home visiting programs face several challenges that can be addressed with increased investment. Our primary challenges include the low pay that is driving home visitors out of the workforce and the stagnant funding that hasn't increased in years. We are seeking a \$300,000 increase to local home visiting grants in FY24 to resolve these current issues.

We recommend increasing home visitor salaries to reduce turnover, avoid interrupted services to families, and lessen the burden on programs operating without full staff.

Home visitors are educated, committed, and passionate about the role they play in families' lives. Similar to child care teachers, home visitors are some of the most dedicated, yet underpaid, professionals working with DC's families and children. As highlighted in the [Voices from the Field Report](#), home visitors also report an emotional toll dealing with difficult scenarios with families and face a heavy workload. Despite this important role they play in the community and the challenges that come with it, home visitors' salaries do not reflect this valuable work and as a result, are leaving the workforce in pursuit of higher paying jobs. In 2021, the Home Visiting Council's survey data revealed the average salary for a DC home visitor was around \$44,000⁹. In 2022, the majority of programs reported experiencing challenges retaining and hiring staff¹⁰. Not only is it a glaring issue that some home visitors cannot afford to live in the DC communities they work in, but it also has real impacts on the families they work with. As mentioned, home visiting relies on their long-term relationships with families to achieve success. When a home visitor leaves their role, this disrupts the services for the families they work with and have built

⁷ <https://www.cflsdc.org/parenting>

⁸

<https://www.thefamilyplacedc.org/hippy-home-visiting#:~:text=In%202011%2C%20The%20Family%20Place%20began%20its%20HIPPY,HIPPY%20instructor%20visits%20the%20home%20for%20one%20hour.>

⁹

<https://www.wearedcaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting>

¹⁰ 2022 Home Visiting Annual Report

trust with over time. This also leads to a stressful scenario for the remaining home visitors in the program to fill in the gaps of care to families in the meantime as they wait for those roles to be filled after the hiring and training process. Increasing investments so programs can increase home visitor compensation will preserve the workforce and avoid these consequential challenges for the workers and the families alike. The Home Visiting Council released a [Policy Recommendations Brief](#) that further outlines several approaches to raise wages for the workforce.

We also recommend an overall increase to local home visiting programs to adjust for inflation and stagnant grant amounts, enabling programs to support the higher demand for services and supplies from families during this pandemic and economic recovery.

The COVID-19 pandemic continues to impact families. Despite the District's focus on adjusting to this new normal after nearly three difficult years, home visiting programs have seen a consistent increase in families' demand and urgency for services, supplies, and resources. In the recent Home Visiting Council's Annual Report, programs observed more families seeking mental health and domestic violence resources, asking for basic supplies like diapers and food, and requesting rental assistance. This is during a time where all families, excluding the highest-earning District residents, are feeling the financial squeeze of rising costs of living, groceries, and basic supplies with high rates of inflation. Family supports, like home visiting, as well as HealthySteps and Healthy Futures, are available at little to no cost for families and can be a critical lifeline for them to cope with the stressors of surviving an economic crisis.

Despite all of the challenges that come with rising inflation and impacts of the pandemic, home visiting grants have remained flat for several years. We were grateful to win a modest 15% increase to CFSA home visiting funding in this past year's budget. However, home visiting programs need deeper and sustained investments to adjust for the higher urgency for resources and for the rising expenses. More funding will enable programs to serve families with adequate resources and ensure families are receiving the support necessary to manage these challenging times.

Without consistent and enhanced funding for home visiting programs to pay their home visitors adequately and retain their workforce, the District will interrupt care to our most vulnerable families and threaten the trusted relationships home visitors have built with their communities

over time. As we've seen this year and since 2020, programs have used extra time, resources, and creativity to meet the heightened needs of families during this public health emergency without any funding increases. To accommodate for the rise in inflation and help home visitors better meet the evolving needs of families, increased investment is needed to reflect this important work.

To address this low pay, inflation, and flat funding of grants, we are seeking a \$1 million increase to local home visiting grants in FY24. This is specifically a **\$300,000 increase** to CFSA funding for home visiting programs.

In recent years, home visiting investments with CFSA have included:

- \$150,000 for the Parent Support and Home Visitation program for parents who have experienced homelessness, are survivors of domestic violence, or are returning citizens
- \$160,000 for the Father-Child Attachment program at Mary's Center to help fathers and masculine caregivers build and maintain healthy relationships with their children.
- \$160,000 to DC Health as part of an MOU in which DC Health provides Mary's Center's Parents as Teachers home visiting services for pregnant or parenting teens who are in or exiting foster care to support CFSA's Family First Program.
- \$50,000 to The Family Place's HIPPY Program, which is a subgrantee of Collaborative Solutions for Communities (CSC)

We implore the DC Council to prioritize home visiting as a valuable early childhood investment that will fulfill CFSA's goal of preventing child abuse and neglect and strengthening the District's families.

Thank you for the opportunity to testify and I welcome any questions.

Nisa Hussain

nhussain@dckids.org

**Testimony before the Facilities & Family Services Committee of the DC Council
Child and Family Services Agency Performance Oversight Hearing**

**Maria Jackson, Legal & Advocacy Fellow
Mother's Outreach Network
Friday February 24, 2023 12 p.m.**

Good afternoon. My name is Maria Jackson testifying with Mother's Outreach Network. I just moved to Ward 2. Before that I lived in Ward 7.

I was born and raised in Washington, DC. I am a mother of four. I've dealt with Child Protective Services and CFSA for three years. I am here today to speak on behalf of people who can't speak for themselves, because they could not attend today and do not know about these opportunities to speak in front of the Council.

I am writing to share some concerns about the new CFSA Safety Planning Policy. I feel as though all parents should be assigned a lawyer and know their rights before the agreement with CPS and CFSA is even put in place. When a case is started, a lawyer should come into place. We as parents do not know the law, we are not told what's going on. We do not know our rights, and we are not told the whole truth.

For example, I know someone who was told "You're not on the Child Protection Register." But then later they tried to apply for a job, and they found out that they were on the Register. That prevented them from getting the job.

I would also like to bring up another issue: there is an issue of people making false accusations about abuse and neglect. Under the current system, the parent who is accused of abuse or neglect is always investigated, but not the person who made the claim. Something should be done about people who make false accusations.

Finally, when children are in foster care, their group homes do not help them with their education. I know about children in group homes doing drugs, missing school, and being exposed to gang activity. I'm not saying to put the kids in jail, but I'm saying they need discipline and help. Kids need psychiatrists, even if they say they don't. Something should be done about this.

Thank you for listening.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON FACILITIES & FAMILY SERVICES
Submitted by Vera Johnson, MA
Program Manager / Far Southeast Family Strengthening Collaborative
February 24, 2023

Greetings Chairperson Councilmember Janeese Lewis George and Members of the Committee. My name is Vera Johnson, and I am a Program Manager with the Far Southeast Family Strengthening Collaborative (FSFSC) which is one of the five collaboratives in the District of Columbia. In my role as Program Manager, I have the day-to-day oversight of our prevention programming within the Community Based Child Abuse Prevention (CBCAP) initiative of CFSA.

Through this capacity building initiative, we were approved to make available to Ward 8 residents the opportunity to participate in two evidenced based curriculums, the Nurturing Parenting Program and Quenching the Father Thirst. The Nurturing Parenting Program is a 10-week curriculum that focuses on enhancing the nurturing, parenting, and child rearing skills for parents, guardians, and caregivers. This experience supports a shift in thinking and children being raised in a manner that nourishes their self-worth, promotes their sense of personal empowerment and cooperation, and makes appropriate development expectations of them in a respectful, non-violent manner. Quenching the Father Thirst is a 7-week curriculum facilitated by Consultant Chester Marshall LICSW. Mr. Marshall maintains empowering engagement among the men in attendance as they discuss obstacles to Black Manhood development. Included in their discussions are addictions, anger, and depression. They explore issues regarding habits, friendship circles, intimate relationships, time spent, and more. The men confront interpersonal struggles and strategies for overcoming and thriving and becoming better fathers and partners and how not to be led astray by all the distractions, obstacles, and negative influences in daily life.

FSFSC recognizes that some of our success comes through the formal agreements we developed with “grassroot” agencies who lead the recruitment of participants enrolling in NPP and QFT as they receive technical assistance through FSFSC to enhance and build the capacity of their agency. This extends to building the capacity of families and the community. Currently, we are partnering with IamProme (I am a Product of My Environment) and Capitol Hill Guys. These

partners with FSFSC celebrate the participants through hosting a graduation ceremony where they receive certificates for their successful completion and incentives. Additionally, we partner with ManPower and facilitate QFT in DC Jail.

We are ecstatic that a graduate from both the NPP class and the QFT class completed facilitation training and is now supporting the facilitation of both the NPP and QFT classes for Ward 8 residents. That is true capacity building!

Far Southeast Family Strengthening Collaborative treasures the opportunity to partner and engage closely with the CBCAP Child and Family Service Agency's staff, Leonora Hansford and Erika Groover that consistently collaborate and support us as open communication is consistent. Participants completed satisfactory surveys provided by Neon Consultants. We learned that over 87% of survey participants are satisfied or very satisfied with the program. Based on survey responses, the programs appeared to increase the five (5) protective factors. For example, nearly all (97%) of respondents indicated that the program increased their parenting skills "a great deal" or "quite a bit". Also, 75% of respondents indicated that the program increased their ability to cope with challenges "a great deal" or "quite a bit." Respondents also appeared to have better knowledge of how to access concrete supports. For example, 82% indicated that participation in the program improved their access to basic needs such as healthcare, food, mental health care and other supports. Program participants also appeared to learn ways to strengthen their own families and communities. Nearly all (97%) survey respondents "strongly agreed" or "agreed" that the program helped them learn ways to strengthen their own family and 90% "strongly agreed" or "agreed" that the program helped them learn ways to strengthen their communities.

CBCAP truly makes a positive impact in our community. Some quotes from the parents included when asked what they liked the most, "being in a Safe and nonjudgmental environment", "Teaching how to deal with emotional stress and support for our kids." "The knowledge and helpful resources and info on becoming a better parent." Although there is much more that we could share about the success with this collaboration, we will close with saying thank you for the opportunity to contribute to the enhancement of Community Based Child Abuse Prevention in the District.



Testimony to Committee on Facilities & Family Services Council of the District of Columbia

**Sabrina Khattab, Associate Program Manager
Capital Area Asset Builders (CAAB)
February 24, 2023**

Good morning Chairperson and members of the Committee on Facilities & Family Services. My name is Sabrina Khattab, and I am an Associate Program Manager at the DC-based, non-profit organization Capital Area Asset Builders (CAAB).

Today I am honored to provide testimony before this Committee, and discuss the extremely productive partnership CAAB has with the DC Child and Family Services Agency (CFSA) for the benefit of older foster youth in the District.

Our foster care youth have been able to benefit from this partnership far beyond their time in care. CAAB manages the Making Money Grow Program at CFSA. CAAB is working to assist DC foster care youth ages 15-21 to get on the path toward taking control of their finances, increasing savings and building wealth for a better future.

For the past seven years, CAAB has partnered with CFSA's Office of Youth Empowerment to provide financial education services and lifelong skills around the importance of savings and overall money management to youth in the care of the DC government. The Making Money Grow matched savings program provides youth the opportunity to receive a 1:1 match on up to \$500 each year from ages 15-17, and a 2:1 match on up to \$1,000 from ages 18 to before turning 21. If a youth starts the program at 15 and maximizes their savings, they can receive \$7,500 in matched funds and exit the program with \$12,000. The match funds can be used for housing, car purchase or repairs, health care expenses, education expenses, or to start a small business. Additionally, the program provides foster care youth the ability to use their matched savings funds for transitional purposes. Along with the match component of the program, youth also receive one-on-one credit coaching, and comprehensive financial education training. CAAB has witnessed the impact of this program on the lives of our youth, both while in care and once they transition from care.

To the best of our knowledge, this is the only matched savings program of its kind in the nation for the benefit of foster youth. We applaud CFSA for directly and financially empowering foster youth so that upon aging out they can have access to financial assets to deal with life.

Approximately 100 youth, are currently enrolled in the Making Money Grow Matched Savings Program. Many of our youth have used the program to purchase their first car, pay rent for their first apartment, pay off education expenses, and purchase medical necessities. Furthermore, youth in the program have worked tirelessly to build healthy savings habits, build their credit, and learn the importance of effectively managing their money.

We recognize and thank the leadership and staff at CFSA's Office of Youth Empowerment for their involvement in the Making Money Grow program, and for their leadership in expanding our partnership and delivery of services to more CFSA clients.

Programs like this one have true impact in the lives of older foster youth. Thank you for the opportunity to provide my testimony and I look forward to answering any questions you may have.



Testimony Before the Council of the District of Columbia
Committee on Facilities & Family Services

at the
**Performance Oversight Hearing on the
Child and Family Services Agency
Office of the Ombudsperson for Children**

By Tameria Lewis
Senior Director of Government Affairs, DC Charter School Alliance
February 24, 2023

Good afternoon Chairperson Lewis George and members of the Committee. My name is Tamera Lewis, and I'm the Senior Director of Government Affairs at the DC Charter School Alliance, the local non-profit that advocates on behalf of public charter schools to ensure that every student can choose high-quality public schools that prepare them for lifelong success. I also grew up in foster care and it's no exaggeration when I say teachers saved my life. That's why I've spent my career working in education and public policy. I know firsthand how critical teachers and other school staff are in creating safe spaces that give students the courage to ask for help when they're experiencing danger at home. I also know firsthand how important it is for school staff to have access to effective child welfare systems that promptly respond and center the students' safety and emotional wellbeing.

I'm here today to advocate for additional staffing and resources for CFSA and to share three specific challenges our schools are encountering and ways CFSA can address these challenges moving forward: (1) providing clarity and commitment on expected response times when mandated reporters make a referral, (2) reinforcing the roles and responsibilities of CFSA vs. schools, and (3) committing to specific steps, including safety checks, when schools refer students for chronic truancy.

Provide Clarity and Commitment on Expected Response Times

First, we want to ensure CFSA has adequate resources and staffing so that when a school makes a call, there is clarity on action steps and a firm commitment on expected response times. In cases where a student has disclosed abuse to school staff, we feel strongly that such procedures should include a trained CFSA professional examining and interviewing that student prior to directing school staff to send the student home.

Reinforce Roles & Responsibilities of Agency vs. Schools

Second, we want to make sure that the roles and responsibilities of CFSA and schools are clearly defined and consistently executed. One school leader told us they feel far less sure today than they ever have about what the school's role is vs. what CFSA's role is when it comes to investigating a student's situation. Consistent with mandated reporter training, we need CFSA to reinforce that our schools' only job is to report suspected abuse or neglect, while the agency's job is to promptly investigate and propose the next steps.

Commit to Specific Steps, Including Safety Checks, in Chronic Truancy Cases

Third, school leaders are concerned that CFSA isn't consistently following up on chronic truancy cases when a school has taken all required steps and made a referral. We're asking for commitments from CFSA on the specific actions they will take when schools refer students for chronic truancy, emphasizing when and how a safety check will be conducted. This commitment is essential in cases involving older students.

Lastly, we know that too many students and families are struggling and in need of a variety of services and supports in order to avoid further system involvement and family separation. These families as well as those referred to CFSA for chronic truancy are often referred for services to a variety of agencies and organizations. As we raised in our testimony a few weeks ago at an oversight hearing on the Department of Behavioral Health, navigating the complex systems and processes required to access services without proper assistance is extremely challenging for these families. We urge the Council to support more widely accessible personalized wrap-around case management services for our students and families who need them most.

Moving Forward

We understand that many of these challenges may be related to staffing shortages for social workers and other mental health providers at the very moment when the need for such services has greatly intensified as a result of the pandemic. We are eager to work with CFSA and our schools to identify solutions to these challenges and we are pleased to be facilitating a conversation between schools and CFSA leadership in the coming weeks. We're also grateful for the steps the Council has already taken to improve services for our most vulnerable students by creating the Office of the Ombudsperson for Children. We're working with our schools to ensure they know this office is a resource when encountering concerns with CFSA.

We look forward to continuing our work together to keep students safe and ensure they are well cared for so they can learn productively while in school.

Thank you for your time and attention, and I welcome your questions.

Jimmy (Jaime) Llanos

Father Child Attachment Home Visiting Program Participant

Mary's Center for Maternal and Child Care, Inc.

Thank you, council member Janeese Lewis George and members of the committee, for the opportunity to testify. My name is Jimmy Llanos, and I am a Home Visitor at Mary's Center for the Father Child Attachment Home Visiting Program. I am here to express gratitude for the opportunity to partner with participants and support their goals with the CBCAP Network. At the beginning of building strong relationships with participating fathers and their families, I may be the first person who says to them that their family's dreams are accessible and possible, whatever it may look like. Home Visitors are a bridge from those questions to the material resources and supports where families meet their needs and are happier because they can now focus on their family and personal goals. For this to work, it's important that I as a Home Visitor create a safe space for the father so he can ask me questions when he needs to. It's important that the father feel comfortable enough to ask me those questions because **I may be the only person he'll ask**. Based on the Family Goal Plan that was created at the enrollment visit, Fathers can see many of their dreams are possible when I connect them to the health services, legal supports, employment, housing, child education and care opportunities that all families need and have a right to. Further, Home Visitors real impact is the social wholistic support that we offer Dads that will improve their experiences as parents and community members.

Also, I want to express gratitude to CFSA CBCAP for giving us the opportunity to open space for dialogue with the participant about their journey through fatherhood and masculinity without fear of judgement or shame. With the dads' participation in home visits, we co-create an environment where they can be vulnerable, where they can trust to share their personal experience either as a husband, as a father or as a member of society. We do this to reflect on what works and what doesn't so that they can make the necessary changes to build healthier connections with their loved ones and community. I am going to share about this young father that I've been partnering with for almost three years now, he was in High School, now he is 21 years old. He has a baby, he needed support with custody, legal advice, insurance, job search, guidance on getting to college, scholarships for it, and support on a personal level. Since I've partnered with this father, we have gotten access to insurance, college scholarships (he is in the second year of college currently), he is working, he is accessing legal services, started the process for child custody, and is in parenting classes. Through our home visits, we were able to now connect the Father to his baby, legally, and currently he stays with him one day a week, working towards more the next court date in march. I'm grateful that this father found his way to the FCA program, because I know that there are other community members who may need this support and do not have it yet. It's clear that after the home visiting strategy provides support, the father increases connections to community resources. Access to community resources is good and not a complete picture of what we offer in our program. As I mentioned before, we co-create a place with a participant father where he can express and figure out his experiences and needs, so that he has a better chance at finding solutions and making long-lasting improvements in his life. **We know that Dads want to be good dads**. As a Home Visitor I am grateful to support them through the difficulties they face and hope to create more space for other parents to share their burdens with us. We want all dads to have a chance at being good dads and I look forward to the day the District co-creates that environment with Fathers.

Thank you,

Jimmy Llanos

Father Child Attachment Home Visiting Program Family Support Worker / Home Visitor

Mary's Center for Maternal and Child Care, Inc

100 Gallatin St NE Washington, DC 20011

JLlanos@maryscenter.org

Marcos Martinez

Father Child Attachment Home Visiting Program Participant

Mary's Center for Maternal and Child Care, Inc.

Good day Council and members of the committee, my name is Marcos Martinez, and consider myself a hardworking student and parent. I am also a Father-Child Attachment Home Visiting Program participant. I graduated from high school in May 2021 and am studying computer science at University of the District. FCA helped me seek child custody in late 2020. I was first connected to the DC Multi-Door Court Mediation Program arbitrated custody, and FCA helped me find a custody attorney to prove legal paternity for my kid. My Family Support Worker, Mr. Jaime Llanos, has helped me attend school during this time. He introduced me to Generation Hope, which supports my academic goals.

Home Visiting benefited me. These home visits have helped me enhance my academic performance, develop my knowledge, and identify vital solutions for my professional and personal life since they constantly follow up with me as a student and parent. It also helped me receive aid for any current issues. I am grateful that I can share my story with you. Even though before I had problems being able to visit my son, little by little I have been working with my lawyers and with the court in Washington D.C. to help me get ahead and be able to have my son for longer. I have gone through many bad times and situations of great stress but little by little I have been helping myself to be able to get ahead thanks to all the things I have done. Today I can have my son at my house overnight now that I get to pick up my son on Friday morning and drop him off on Saturday afternoon means i can spend a whole day going out with him that fills my heart with joy for all this time not being able to do this. After the first testimony that I delivered in 2020, I have made a lot of progress with my situation as a parent. I have had the pleasure of helping other parents with the same situation, also in my personal life. I have been able to confront all the things that have happened to me head on and little by little I am expanding the opportunities I have as a father after a long time in this program. I have learned a lot to value the time and effort of the people who do it for me; so, thank you all to the people in this group in this organization have helped me to get ahead and be the person and father that I am today.

This program helped me locate attorneys to help me with my son's legal procedure when I needed it; connected with other groups to explore new educational options and gave me a chance to succeed. I have benefited most from this program's individualized assistance, which has helped me find calm in the middle of the storm and fulfill my educational objectives. It also helps me when I need to speak up for myself, I know how to do this now. I wish to share how great this support is. Jimmy helped me address problems and manage during home visits. For instance, Mr. Jaime Llanos has advised me on how to better my academic life and how to best prepare for my future employment.



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**Testimony Before the Council of the District of Columbia
Committee on Facilities and Family Services**

**Performance Oversight Hearing
Child and Family Services Agency
February 24, 2023**

**Stephanie McClellan
Deputy Director, DC KinCare Alliance**

Good afternoon, Chairperson Lewis-George and Members of the Committee on Facilities and Family Services. My name is Stephanie McClellan, and I am the Deputy Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise children in their extended families in times of crisis when the children's parents are not able to care for them due to COVID-19, mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. In the five years since our founding, we have helped over 600 relative caregivers raising more than 700 DC children. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support budget priorities and policies that alleviate poverty in the District of Columbia.

I am pleased to testify today regarding our proposals to amend the Grandparent Caregiver Program ("GCP") and Close Relative Caregiver Program ("CRCP") to ensure their purposes are fully achieved. Specifically, we ask the Council to consider a change to the eligibility limits as well as the subsidy amounts to address inflation and the escalating costs of raising a child in DC. With respect to the eligibility limits, we request that the Council implement a stepped approach to eligibility such that a caregiver would not be terminated from the program when they obtain a job or a better paying job that would push them just over the income limit. In this regard, we recommend a stepped income approach that allows for partial subsidy eligibility, such as the following: 200%-249% of FPL = $\frac{3}{4}$ subsidy; 250%-299% of FPL = $\frac{1}{2}$ subsidy; and 300%-349% of FPL = $\frac{1}{4}$ subsidy. We note that even at 300% of FPL, a family in DC is still poor and has a difficult time making ends meet as the FPL does not account for different cost of living standards in different jurisdictions. It is important to note that even though informal kinship caregivers are caring for many children who would otherwise enter the foster care system, they are not entitled to the foster care subsidy, which does not have any income eligibility requirements.

Regarding the GCP and CRCP subsidy rates, we remind the Council that the GCP rate was originally set at 95% of the foster care rate, but later reduced to only 66% in 2010 as a result of the 2008 recession and subsequent austerity budgets. Today, DC is in a position to be able to ensure the subsidy rates are commensurate with the foster care rate.

We further ask the Council to amend the law to provide that, when determining financial eligibility, SSI benefits should not be included in calculating the household's income. If a household member receives SSI, it is because that person needs that income to mitigate the financial impact of their disability and to provide for their basic maintenance. The Council should not expect that income to be available to other household members for any other purpose, and should not include that income for financial eligibility purposes for the caregiver subsidy.¹

Correspondingly, we believe that a child with a disability who receives SSI benefits and whose relative caregiver is otherwise eligible for the GCP or CRCP subsidy should not have the amount of their GCP or CRCP benefits reduced because of the child's SSI benefits. As a society, we provide SSI benefits to children from low income households because we recognize that a child with a serious disability that impacts their daily life has greater needs and associated costs than a similarly situated child without a serious disability. As District residents, we provide the GCP and CRCP subsidies to relative caregivers from low income households because we recognize that suddenly taking in a traumatized child is expensive. When we deduct the amount of a child's SSI benefits from their GCP or CRCP benefits, we are telling a relative caregiver that we think they should magically be able to meet the

¹ Indeed, both the earned and unearned income of a household member receiving SSI is not attributable to the child when determining SSI eligibility for a child. 20 C.F.R. 416.1160. At a minimum, DC should not include the SSI income of household members when determining eligibility for the caregiver subsidy.

increased needs and costs of caring for a child with a disability for the same amount of money that a child without a disability receives.

Our relative caregivers who raise children they were not expecting to raise are heroes. Our relative caregivers who raise children with disabilities are superheroes. Today you will hear from two relative caregivers of children with disabilities who applied for the Close Relative Caregiver Program, who were eligible, and who were approved, but whose benefits were calculated to be zero because the amount of their CRCP benefits were entirely offset by the amount of child's SSI benefits. That is no way to treat our superhero relative caregivers or the children with disabilities who they raising. It is worth noting that DC Code Section 4-251.24(c) did not always require that GCP and CRCP benefits be offset by a child's SSI benefits. There is nothing in the legislative history that reveals any justification for this harmful change. We need to rectify this inequity now.

As DC relies more and more heavily on relatives to raise children outside of the foster care system, it should work to ensure the safety and stability of these kinship families. DC's relative caregivers are primarily women of color who live in Wards 7 and 8. Most live at the economic margins of our society, even before they are called upon to raise a relative child. Many report a significant disability themselves. The children who come into their care arrive with nothing but the clothes on their back and relative caregivers have to scramble to buy food, clothing, shoes, toiletries, bedding and even a bed. The up-front and ongoing costs of having a child come into their homes unexpectedly are great and our kinship caregivers do not have savings or other resources available to cover these costs. Often, they wind up falling further into poverty, with no money to pay for rent, food, heat, water, or electricity.

We know that there are devastating impacts for children growing up in poverty.² Advancements in neuroscience have made it possible to demonstrate that poverty disrupts the developing brain architecture, which leads to significantly lower educational achievement, earnings, and overall health, as well as a disproportionately higher rate of developmental delays and learning disabilities.³ And, research has found that there is a “dose-response” pattern, such that outcomes are worse the longer children are exposed to poverty.⁴ These studies posit that interventions aimed at increasing the income of families with children can alter the link between childhood poverty and deficits in cognition and academic achievement. You can make this a reality by taking action to ensure the purposes of the GCP and CRCP subsidies are fully met.

Thank you for the opportunity to testify today. I am happy to answer any questions.

² Toxic Stress Key Concepts,” Harvard University Center on the Developing Child.
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

³ Perry Firth, “Homelessness and Academic Achievement: The Impact of Childhood Stress on School Achievement,” Firesteel: The Network of Washington YWCAs Washington. (September 8, 2014).
<http://firesteelwa.org/2014/09/homelessness-and-academic-achievement-the-impact-of-childhood-stress-on-school-performance/>

⁴ Hair NL, Hanson JL, Wolfe BL, Pollak SD. Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatr.* 2015;169(9):822–829. doi:10.1001/jamapediatrics.2015.1475.
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2381542>.



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**Testimony Before the Council of the District of Columbia
Committee on Facilities and Family Services**

**Public Hearing:
Performance Oversight Hearing
Office of the Ombudsperson for Children (OFC)
February 24, 2023**

**Stephanie McClellan
Deputy Director, DC KinCare Alliance**

Good morning, Chairperson Lewis George and Members of the Committee on Facilities and Family Services. My name is Stephanie McClellan and I am the Deputy Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise DC children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. We are the only organization in DC focused solely on serving relative caregivers raising DC's at-risk children. In the five years since our founding, we have helped over 600 relative caregivers raising more than 700 DC children. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support a just and equitable recovery from the COVID-19 pandemic.

I am here today to thank the DC Council: for listening when we told you that CFSA regularly fails the at-risk children they are supposed to protect; for creating an independent Office of the Ombudsperson for Children ("OFC") who can investigate and make recommendations when families are negatively impacted by policies and decisions that hurt children; for overriding the Mayor Bowser's veto of the legislation creating the OFC; for finding the necessary funds when Mayor Bowser tried to strip OFC funding from the budget; and finally for casting a wide net in hiring a well-qualified candidate who is independent and not beholden to any agency for which she provides critical oversight.

I am also here today to thank our new Ombudsperson for Children, Shalonda Cawthon, who uprooted her life and moved to DC to answer the call to speak on behalf of DC's voiceless, at-risk children. While Ms. Cawthon has only just begun her work, what we have seen so far is encouraging. Ms. Cawthon has been willing to listen to our concerns as child welfare advocates and has been eager to meet with community members. We thank Ms.

Cawthon specifically for attending DC KinCare Alliance's February Relative Caregiver Community Board meeting to share what she has been doing and to hear the concerns of our members. We look forward to working with Ms. Cawthon as she gets settled into her new role. Most importantly, we look forward to hearing Ms. Cawthon's substantive recommendations to this Council about critical issues that affect DC children.

There are two systemic issues that we have previously identified to this Council that call for urgent OFC investigation and recommendations:

First, CFSA, is not adequately and timely investigating and reporting on child maltreatment fatalities and near fatalities in DC. CFSA has not acknowledged, much less learned from, its repeated mistakes that have led to these horrific outcomes. CFSA fails to investigate or screens out reports of abuse and neglect that should be screened in. It also fails to substantiate abuse when there is abundant evidence to do so, and it fails to safely close cases when abuse has been substantiated. Moreover, CFSA's internal child fatality reports do not provide substantive recommendations on how it can improve, in order to prevent child maltreatment fatalities and near fatalities in children who were previously known to CFSA.

Second, CFSA has and continues to engage in the illegal practice of kinship diversion, also called hidden foster care. When it determines that a child cannot safely remain in the parental home, even with services, CFSA bypasses the legal removal process entirely, and places the child with any relative caregiver they can find without even doing a background check. I personally know of an instance where this practice resulted in the placement of a child with a caregiver who had a prior conviction for child abuse. CFSA claims that parents voluntarily agree to place their children with relative caregivers and that it is just facilitating the parent's wishes, but our experience is that this, too, is just a convenient fiction. Most often a parent is threatened with their child "going into the system" so they agree to CFSA's

diversion plan under duress. We often represent relative caregivers in bitterly fought custody cases against parents who CFSA claims consented to the arrangement. We have also seen diversions occur where CFSA allows a parent to plan for the child, even when that parent has killed the other parent in front of the child or when the parent is on a 72 hour hold in a locked psychiatric facility because she is a danger to herself or others, including her child. For its part, CFSA claims it no longer engages in diversion but this is just smoke and mirrors. CFSA now calls diversions by different names--Safety Plans or Family Planning arrangements. Whatever diversions are called, they remain illegal and harmful to children and families.

Over the next year, we ask Ms. Cawthon to investigate and provide a written report with recommendations to the DC Council on these two critical issues. We commit to cooperating with and assisting Ms. Cawthon in investigation of these important child safety issues in any way we can, consistent with our obligations to our clients under the DC Code of Professional Conduct.

I am happy to answer any questions.



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Testimony of

Del McFadden

Director of Birth Parent, Youth, & Community Engagement

The National Center for Children and Family (NCCF)

2023 Performance Oversight Hearing: Committee on Facilities & Family Services

Council of the District of Columbia

The Honorable Janeese Lewis George, Chair

February 24, 2023

VIA Zoom

12:00 PM

Good afternoon. My name is Del McFadden and I am Director of Birth Parent, Youth, & Community Engagement with the Family Focused Initiative at The National Center for Children and Families (NCCF). Thank you Councilmember Lewis George and members of the committee for allowing me time to share testimony today.

I have been in this role with NCCF since April 2022 and, quite simply, I was born to do this work. I grew up in foster care for 6 years with my siblings. I am a servant leader and I take it as my responsibility to give back to “the least of us.” I love interacting with this community – I love DC. DC is my family and my community.

My team and I are out in the field, day in, and day out trying to remove doubt from people who have been in systems for their whole lives. We are trying to change the trajectory of kids’ lives towards self-sufficiency. Earlier in my career, I worked exclusively with felons, and I am all too familiar with what happens on the other end. Outreach is the preventative step that we must take in order to help these youth before they end up entangled in the justice system.

Outreach workers get the hardest cases; the kids that have been trafficked, the kids that have absconded, the kids that have left school, the kids whose placement is in jeopardy. Every day out in the streets is dangerous for these kids and it is our job to get them back to safety and stability. We do this by building rapport, meeting them where they are, finding them employment, and getting them into workforce development and GED programs.

In order to do this work we need ample opportunities for both the youth in care and their birth families. Finding and making sure resources and partnerships are available occupies a great deal on my time. Both parents and youth need to be successfully launched when the time comes for reunification. Tangible opportunities such as access to housing, trauma therapy, employment and job placement make for good family outcomes. The birth family and their community needs to be ready to accept and support youth. The youth, their parents, and the community are a village and there is great strength in this unit, but it requires the underpinning of support and resources in order to make it successful.

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Although it is very difficult, this is also what I love about my work. The mission and vision of the Family Focused Initiative and the leadership of NCCF is all about integration. If we only focus on the kids in care we will miss a lot. I take great joy in seeing kids excited to see their parents. I love meeting the fathers and mothers and helping an entire family. Caring about people means nurturing the entire family and community.

Thank you for allowing me this time to speak.

Deni Mendoza

Father Child Attachment Home Visiting Program Participant

Greetings councilmembers and members of the committee, my name is Deni Mendoza and today I'd like to share my experience and the impact that Jaime Llanos and the Father Child Attachment Home Visiting program has had on me as an individual and my family. I'd like to start off by saying how grateful I am for this program to exist. I feel like as a young man and a young single father this program has guided me towards the right direction when it comes to working on my situation and working towards building a better future for myself. I feel like I can confide with my Home Visitor, Family Support Worker, almost mentor about anything. I feel heard and understood whenever I talk with Jaime and he helps bring a sense of security when it's time to figure out the next move to step up further. I feel like this program and people like Jaime are very valuable to me and other fathers that may go through similar situations as mine. It has definitely changed how I view things as a parent and taught me to have the patience that's needed when dealing with my girls and as well as with myself. I appreciate the support I've received from Jaime and the Father Child Attachment Home Visiting program, Thank you for your time.

Raphael Osborne

Father Child Attachment Home Visiting Program Participant

Good afternoon, councilmembers, my name is Raphael Osborne. I grew up with 3 brothers and 3 sisters my mother passed away when I was 5 I really didn't know my father I was raised by my grandparents who kept us together it was hard on me because I use to see my siblings go off with their fathers and I was just lost even though I had my grandfather as my father figure I was just always trying to figure out why and understand. I started acting out in school and begin going through therapy for my behavior it helps but I was disappointed because every time I would get comfortable with someone my therapist would be switched and I had to build that trust with a new person and it was exhausting and frustrating as I got older I begin to draw and write to express my emotions. But I thank my grandparents for keeping us together and showing us love talking to us and not letting CPS separate us. I believe that the fatherhood program is very important. It helps me understand the importance of being in my children's lives and invites me to reflect upon my experience growing up as a child to inform decisions I make today as father. My family support worker has helped me out with that more than I was expecting, it inspires me. I thank you and the family support worker Nandi for that. I believe that it gives fathers hopes and helps them want to be the dad that they never had, and it uplifts me knowing that I have someone who is dedicated to their job supporting families like mine.

Veronica Proctor

Child and Family Services Agency's Performance Oversight Hearing FY22-23

Before The Committee on Facilities and Family Services

Councilmember Janeese Lewis George, Chairperson

Great afternoon Chairperson Lewis George, members of the Committee on Facilities and Family Services and Committee Staff. I am Veronica Proctor, Co-chair of DC Child and Family Agency (CFSA) Thriving Families Safer Children Diversity, Equity, Inclusion & Belonging Sub-committee. I am pleased to speak on my experiences working with Child and Family Services (CFSA). I became involved with CFSA through the Lived Experience Advisory Council. I was invited to the Initiative with the understanding that I would be a part of something wonderful. CFSA is shifting from a child welfare system which was punitive to a child and family well-being system and the goal is to keep families together. In each meeting, people from the Lived Experience Advisory Council alongside the CFSA staff, The Warmline/Community Response Subcommittee, (which I participate in), the Diversity, Equity, Inclusion & Belonging Subcommittee (which I am Co-chair) work diligently to help this shift come to fruition. I believe this is working because we all desire to make it work. The Warmline would be established as a first line of defense, to assist families with resources from Community-Based Organizations or Government agencies as apposed to making calls to CFSA's hotline whose mission is to protect children from imminent threat of harm. Mandated reporters or Community supporters would call the Warmline with referrals for families needing additional support. These would not be instances where abuse and/or neglect would be present, or where CFSA would become involved.

The warmline would be in place for instance, a teacher notices a child coming to school each day with poor hygiene, unclean clothes, too small shoes or clothes. Ordinarily, that teacher would be required to report this because the teacher is a mandated reporter and must report signs of neglect or abuse. Well, in this case, this might not be neglect, or abuse. This may be a case of the family needing assistance. The family may have run out of money and must choose between paying the rent on time, feeding the family, or maintaining a vehicle so that they can get to work everyday. This job will ensure that the rent is paid, food is kept on the table, and there might be some left over to make sure that necessities like clothes and shoes are made available. This is a poverty issue, not an abuse or neglect issue. Families should not be punished by being torn apart by removing children from the home. This would be a disruption within the family structure. The goal is to keep families together, not break them up. The teacher (Mandated Reporter)

would contact the Warmline to make a report. In this report, the teacher would state the need of the family and the family would then be referred to appropriate organizations or agencies where they would be provided resources. It is my belief that having this Warmline/Community Response Model in place will accomplish several things:

1. The warmline will serve as a support for families that need additional help with needs living daily.
2. Having the Warmline in place will allow CFSA to focus on what it was purposed for, that is to protect children from neglect and abuse.
3. The Warmline is offered as a support to the community without the looming threat of CFSA becoming involved.
4. Through this Warmline, trust can be regained from the community to CFSA. There is a stigma attached to CFSA and that is, removing children, disrupting the family structure. That stigma can be shifted to one of support, and CFSA having a reputation and being synonymous with Keeping DC Families Together.

I would like to thank you for taking the time to hear my testimony.

Testimony of Dr. Bruce Purnell, Executive Director

The Love-More Movement, Inc

Committee on Facilities & Family Services, Performance Oversight Hearing,

Janeese Lewis George, Chairperson

Child & Family Services Agency, Office of the Ombudsperson for Children

**Council of the District of Columbia, John A. Wilson Building, 1350 Pennsylvania Avenue, NW,
Washington, D.C. 20004**

February 24, 2023 - 12:00 PM., Virtual Public Hearing

Good Afternoon Chairperson Lewis George, members of the Committee on Facilities and Family Services, and Committee Staff. Thank you for allowing me to speak with you today about the Child and Family Services Agency's initiatives.

My name is Dr. Bruce Purnell, and I am the Executive Director of The Love-More Movement, Inc. We are a community-based non-profit with a mission including facilitating holistic Healing platforms for survivors of past trauma, their families, and their communities to heal and recover from past trauma, emotional pain, and toxic stress. We also have a Senior movement called Seniors Offering Unconditional Love (S.O.U.L.), a Life Coaching certification called Transformative Life Coaches and Healing Leaders, and a cultural identity initiative called The Overground Freeway.

I am excited to be a community partner as CFSA launches a historical paradigm shift involving changing mindsets, initiatives, methodologies, evaluations of methods, and a reallocation of resources. It also involves a comprehensive reassessment of its social Blueprint. Historically, CFSA has been known by the community as a social compliance enforcer or the social police. If a family fell by the wayside, they were in danger of losing their children to the system with few alternatives. In this case, the mission was to protect the child, not preserve the family. This has not worked, just as harsher sentences have not deterred crime and violence. Therefore we have known that we needed to change but have failed to create a methodology to bridge the shift. The good news is that this bold change has moved past words and theoretical ideas at CFSA. Director Matthews leads "Keeping DC Families Together" with a phenomenal team, including interagency partners and committees co-directed by community members with lived experience and expertise.

First and most important is changing attitudes from welfare to wellness, dependence to independence, and survival to thriving. This is not an easy shift, but it is necessary to preserve the family, affirm and manifest our reality, and create a self-fulfilling prophecy of family preservation. I have two leading roles in "Keeping DC Families Together." One is the co-director of the impact committee, and the other is to hold space for Healing and Transformation as we go through this process. Along with those, I participate in The Lived Experience advisory board, the warmline committee, and the Diversity, Inclusion, and Equity committee. The warmline is a

cutting-edge idea of an entire infrastructure being developed intentionally to keep families together. The good news is that this advanced idea is being implemented in real-time. Therefore, families can call for support before it becomes an investigation. This will help so many families, but for it to work, we must believe and affirm this reality.

In closing, I have complete confidence in this initiative coming to fruition and intend to champion the cause of "Keeping DC Families Together." It's time for a change, and we are the change that we have been looking for. We are coming out of a three-year pandemic and can reintroduce ourselves however we choose. Let us choose Love, Joy, Transformation, Health, Friendship, Forgiveness, Friends, and by Keeping Our Families Together.

Thank you, and I am open to any questions.



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Testimony of
Rebecca Radinsky, LMSW, LGSW
Social Worker

The National Center for Children and Family (NCCF)
2023 Performance Oversight Hearing: Committee on Facilities & Family Services
Council of the District of Columbia
The Honorable Janeese Lewis George, Chair
February 24, 2023
VIA Zoom
12:00 PM

Good afternoon. My name is Rebecca Radinsky and I am a Social Worker with the Family Focused Initiative at The National Center for Children and Families (NCCF). Thank you Councilmember Lewis George and members of the committee for allowing me time to share testimony today.

I have been with NCCF since April 2021 and I am passionate about working with vulnerable children who do not have the connections and supports they need. These kids need a person in their corner who consistently shows up and cheers them on. I work mainly with older youth in care and I love seeing the results of this work; witnessing youth make and reach their own personal keeps me going.

This is a challenging job. Social work is both physically and mentally exhausting. It is so much more than a 9-5 schedule because you must be prepared to respond to a crisis no matter where or when it is happening. There is paperwork, court visits, and also the scary part of knowing the unbelievably tragic reality of life for some children and their families.

It is important for people who are not familiar with foster care to understand that this job is much more intense than caring for your own child. With your own child, you, as the parent are the sole decision maker. A foster child has an entire team of folks making decisions and intrusions in their lives. This could include birth parents, courts, therapists, etc. For older youth this is especially difficult because their lives seem out of their control. As a social worker I am out in the field a great deal with these youth, making home visits, transporting them to medical and mental health appointments, interacting with their birth families and foster families, and ensuring that the folks entrusted with their care are meeting their emotional and physical requirements.

The needs of foster children are greater because of those feelings of loss and their sense that they cannot control what happens to them. It is on the adults in their lives to figure out how to include them and help them navigate their way to adulthood. Permanency for older youth is more difficult to achieve and I am always proud when we are able to close cases for older kids. This past November, we closed the case of a 16 and 17 year old who were back in care after a failed guardianship arrangement.

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Their grandmother had grown too ill to remain as their guardian and we were able to place them again to meet their goal of guardianship at a different location. My final thought is that we need to keep the pipeline open for people who are passionate about working with vulnerable populations and understand the level and difficulty of work that is needed to make sure that our kids find success.

Thank you for allowing me this time to speak.

Testimony of
Derren Richardson Young
Professional

Hearing Title: **Child and Family Services Agency Performance Oversight
Hearing FY22-23**

Committee Name: **Committee on Facilities and Family Services**

Date: **February 24, 2023**

Friday, February 24, 2022
Room 123, John A. Wilson Building
1350 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Good morning, chairperson Lewis George, members of the Committee on Facilities and Family Services and Committee Staff. My name is Derren Richardson. I am a 22 -year-old transitioned youth I aged 15 months ago. I came into foster care at age 5 and have lived in foster homes and group homes to include Sasha Bruce, BoysTown DC, Umbrella Therapeutic services. I've had good & bad experiences in the homes I've lived in.

I now reside in Southwest Navy Yard DC in a two-bedroom apartment. I graduated with the class of 2019 from Goodwill Excel Center Public Charter School. During the summer of 2020 I realized I wanted to pursue a degree in cinema. Also, I was nominated for the Right direction award from the attorney general's office in 2022. While I continued to move forward with my professional dreams and enrolled in Howard University's TFSC "LEAD" Certificate Program) in October 2022. I successfully graduated from the program January 27,2023 with a certification in leadership, empowerment, advocacy, development certification. My Education Specialist at the time of care, Ms. Cordelia Cranshaw, connected me to The Office of Youth Empowerment LifeSet program. The LifeSet program is assisting me with school including increasing my professional development skills to maintain long-term employment including attending college. Currently I work with the Youth Council with the Office Youth Empowerment acting as the Youth council President along with an internship working with Foster and Adoptive Advocacy Center. I feel I have a supportive team that includes CFSA, OYE & NCCF. My team helps me navigate everything I need to successfully emancipate.

My Social Worker, Ms. Sherika McCarthy, at the time of care offered me connections with Education, Housing, and helped me with navigating resources. Ms. McCarthy was extremely supportive with assisting in providing Focus Groups, College Tours, and Therapeutic Services. I believe the support of my team has assisted me with becoming a better advocate for myself and as well as my community.

During my time in foster care, I have been in shelter houses, foster homes/ group homes, and Guardianship, but my team made sure I had a supportive placement setting. I am glad

that I have the stability of having my own apartment and providing for myself. I have aged out and have compelled my Youth Transitional Planning Goals so that I can be successfully and prepared as I move forward to emancipation.

It is my recommendation that CFSA continue to find supportive foster parents, more therapeutic resources and supportive housing to youth in foster care. I encourage youth to use their voice to speak up on things they would like to see improved so they can transition into Youth peer advocates for their community. Thank you for your time and concern around improving foster care.

Sandra "SS" Seegars, Convener of CRÄV
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February 24, 2023

CFSA
FRIDAY, FEBRUARY 24, 2023, AT 12:00 PM

I am Sandra "SS" Seegars, a Ward 8 resident, and a member of CRÄV which is Concerned Residents Against Violence.

I am disappointed in the policy and/or the performance and/or the staff and/or the director of CFSA. Generally speaking, the care it gives to the children, and the poor treatment of the children's parents, guardians, or custodians, herein after parents, is unacceptable. When parents reach out for help for their children, they are not expecting to be blindsided by a charge of neglect. CFSA policy needs to be changed. This agency needs to redefine neglect and be succinct so it cannot be open to the whim of a person's interpretation. If it is not redefined, it will discourage parents from seeking help because they do not want to be dragged into court when all they are trying to do is get help for their children.

Some of the staff there are in the wrong professions. Specifically speaking, the staff who were assigned to Joyce Scott's great-grandson definitely need to be, not only, removed from this assignment, they need to be removed from the agency... Sophie Arnold and especially Elizabeth Neilson. However, Arnold may do better if Neilson was not her supervisor. In the case of the Baylor family, where I attended a virtual meeting, there was an overtone of incompetence too. From what I experienced at this meeting; their performance is inadequate for the children they serve. I cannot clearly identify the reason, but it could be inexperience, poor training, lack of supervision, overworked, or apathy. It could be the overall leadership. The agency could be too large for the current director to oversee sufficiently.

Foster homes need to be monitored regularly and any violations need to be rectified immediately, especially if there is criminal activity in the home or uncertified tenants. If the foster home is no better than the home they came from, the foster parent needs to come into compliance if the child is not in imminent danger; if in imminent danger, the child needs to be removed from the home and the foster parent needs to be removed from the program. There needs to be a facility in DC for in-house care for troubled children, other than foster homes. John Mein with DYRS is establishing a program for troubled children. It should be launched in March. Perhaps the troubled children in foster care could benefit from this program, even though it is not in-house.

My suggestion is to overhaul the entire agency by having everyone reapply for their positions by resubmitting their resumes. Then compare the resume to the performance they have tendered. As for the director, he can only work with the people who have been hired. In a meeting where he was present, he was put on the spot because he tried not to speak unpleasantly about the staff, and when he did he chose his words carefully. Giving excuses for the staff is not good

leadership. It does not help the families and children. For the sake of the children, I hope this agency gets it together.

END



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**Testimony Before the Council of the District of Columbia
Committee on Facilities and Family Services**

**Public Hearing:
Performance Oversight Hearing
Child and Family Services Agency
February 24, 2023**

**Marla Spindel
Executive Director, DC KinCare Alliance**

Good morning Chairperson Lewis-George and Members of the Committee on Facilities and Family Services. My name is Marla Spindel, and I am the Executive Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise DC children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. In the five years since our founding, we have helped over 600 relative caregivers raising more than 700 DC children. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support budget priorities and policies that alleviate poverty in the District of Columbia. This testimony addresses CFSA's kinship navigator program, its diversion/hidden foster care practices, and child fatalities and near fatalities.

A. CFSA's Kinship Navigator Program

Our clients' experiences with CFSA's kinship navigator program have only been related to applying for the Grandparent Caregiver Program (GCP) and Close Relative Caregiver Program (CRCP) subsidies, and our clients have not been informed of or received any other services. Significantly, after receiving a million dollars over the last five years from the federal government to establish a kinship navigator program, CFSA finally launched a basic navigator website. While this is a step in the right direction in that CFSA's navigator website includes an on-line portal, it is unfortunate that it is so rudimentary and does not permit the submission of a complete application for the CRCP or GCP. For example, a relative caregiver can complete the application itself through the portal but not the necessary Request for Child Protection Registry (CPR) check, FBI background check, or DC local criminal history check forms, nor can the applicant schedule the required fingerprinting appointment.¹ An applicant also cannot download the necessary background check

¹ It is possible to search the CFSA navigator website, outside of the application process, and find a link, after multiple clicks, to a different on-line portal where a Request for CPR check may be completed (but not the FBI check or DC local

forms in pdf format from CFSA's navigator website to complete, upload, and submit as supporting documents.

Also unfortunate is CFSA's decision to misrepresent its navigator as an independent nonprofit organization. CFSA's navigator website uses a ".org" rather than a ".gov" URL, does not state that it is part of CFSA, and only reveals that it is a DC government website at the the very bottom of the page. CFSA has also chosen a logo that is similar in content, color and shape to DC KinCare Alliance's logo. CFSA's navigator website is misleading to the public and unfair to applicants who should know that they are speaking with CFSA staff when they are disclosing their personal and private information. We believe that CFSA seeks to disguise itself on its navigator website because it knows how little trust DC residents have in CFSA. But rather than work hard to build public trust by being transparent, open and honest, CFSA is cloaking itself in DC KinCare Alliance's goodwill. We sent a letter to CFSA requesting that they make simple changes to their navigator website to ensure transparency with the public and to avoid confusion. CFSA refused to make any changes. (See attached letters at **Exhibit A**).

CFSA indicates in its oversight responses that it does not "anticipate receipt of any further federal Kinship Navigator funding." Indeed, kinship navigator programs can currently only pull down federal funds if they meet the more rigorous standards set by the Title IV-E Clearinghouse, such as intensive case management services. However, it is clear that CFSA does not intend to build a robust kinship navigator program that could meet these evidence-based federal requirements,² as Ohio has done,³ thereby forfeiting potential federal funding.

criminal background check forms). It is also not clear whether other adult household members can complete their CPR check forms online.

² <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi2106.pdf>.

³ <https://preventionservices.abtsites.com/programs/319/show>.

DC KinCare Alliance does everything that a robust, fully-functioning kinship navigator program should do on a small budget of grants and individual donations. We have a well-publicized and accessible helpline, website, and resource guide (both on-line and print versions) for relative caregivers to learn about legal and financial resources available to them. In addition to providing legal representation in court, we help relative caregivers with accessing hard to obtain resources, such as food, clothing and technology, as well as rental, utility, unemployment, and housing voucher assistance. Our Relative Caregiver Community Advisory Board, now consisting of 30 relative caregivers raising 35 DC children, works in tandem with us to identify unmet needs and devise ways to address them. Significantly, our Board members regularly report that if we had not told them about and helped them obtain services and support, they never would have known about or been able to access them. Moreover, our Board members have voiced concerns about navigator services being housed within CFSA, the same agency that investigates abuse or neglect and can remove children.⁴ They do not feel safe or comfortable approaching CFSA for this help. (*See attached Position Statement of the DC KinCare Alliance Relative Caregiver Community Board on Kinship Navigator Programs at **Exhibit B***).

B. Kinship Diversion (also known as Hidden Foster Care)

One of the issues we have continued to raise with this Committee is CFSA's practice of kinship diversion (also known as hidden foster care). This occurs when CFSA determines that the child cannot remain safely at home with their parents even with the provision of services. But, rather than follow both federal and DC law requiring removal of the child to foster care—preferably with a relative who has received an expedited temporary kinship foster care license—CFSA diverts the child to live with the relative, without providing the legally required due process, services or

⁴ Mistrust of a child welfare agency is not a problem unique to DC and is why other jurisdictions, like Florida, New York and Nevada, contract with nonprofits to provide navigator services to relative caregivers.

supports, including foster care maintenance payments. The only difference between foster care and diversion placements is that, with the former, the OAG files a neglect petition in Superior Court to remove and place a child with a relative who they can license on a fast track within hours; but, with the latter, CFSA removes and places the child without court oversight.

When CFSA diverts, no one ever checks whether CFSA had the necessary evidence that the child needed to be removed from the parental home in the first place. No one checks to make sure the child remains safe after the diversion or whether the parent addresses the issues that led to CFSA involvement. No one checks to make sure that a child is not diverted and returned to an abusive or neglectful parent over and over again. With diversion, CFSA's power is unchecked and it answerable to no one, nor does it have to provide financial resources to caregivers or services to parents to facilitate their reunification. DC KinCare Alliance has filed six federal lawsuits on behalf of kinship families who have been harmed by this illegal and discriminatory practice.⁵ By violating the rights of parents, children, and kinship caregivers, CFSA has placed DC in jeopardy of significant monetary liability as occurred in the recent North Carolina case of *Hogan et al. v Cherokee County et al.*⁶

In 2001 and 2004, the DC Council acknowledged these problems with diversion, known at the time as “temporary third party placements,” when it revoked CFSA’s authority to engage in them

⁵ *K.H. et al. v. D.C.*, No. 19-3124 (D.C.D.C. filed Oct. 18, 2019); *S.K. et al. v. D.C.*, No. 20-00753 (D.C.D.C. filed March 17, 2020); *D.B. et al. v. D.C.*, No. 21-00670, *T.J. et al. v. D.C.*, No. 21-00663, *M.S. et al. v. D.C.*, 21-00671, and *S.S. et al. v. D.C.*, No. 21-00512 (D.C.D.C. filed March 11, 2021). Press releases and pleadings regarding this cases can be found at: <https://www.dckincare.org/impact-litigation/>.

⁶ In *Hogan et al. v. Cherokee County et al.*, the Court denied the County’s motion for summary judgment with respect to, among other things, plaintiffs’ substantive and procedural due process claims in the context of a separation of a child from her parent pursuant to a diversion arrangement. *Hogan v. Cherokee Cnty.*, 519 F. Supp. 3d 263 (W.D.N.C. 2021). A jury awarded the parent and child \$4.6 million in damages for the illegal separation. CIVIL CASE NO. 1:18-cv-00096-MR-WCM, 2021 U.S. Dist. LEXIS 114723 (W.D.N.C. 2021). See Presser, Lizzie. “How Shadow Foster Care Is Tearing Families Apart.” *The New York Times Magazine*. 1 Dec. 2021, available at <https://www.nytimes.com/2021/12/01/magazine/shadow-foster-care.html>.

from the Child Abuse and Neglect Act.⁷ This revocation was in response to changes in federal laws and requests from the *LaShawn* court monitor. CFSA has decided to flout the DC Council’s intent to eliminate these arrangements by calling them by another name – first, diversion and now safety planning or informal family planning arrangements.

In July 2020, CFSA issued a policy entitled “Diversion Process at Investigations,”⁸ which defined diversion and purported to record and track its numbers. In July of 2022, CFSA re-issued the diversion policy, renaming it Family Planning Arrangement Policy (hereinafter “FPAP”). Contemporaneously, CFSA updated its Safety Planning Policy (hereinafter “SPP”), which includes safety planning to live with an adult relative or friend. Both policies envision the removal of the child from their home and placement with a relative or friend without court involvement or formal removal. CFSA’s Director Matthews recently claimed CFSA no longer engages in diversion. But calling something by a different name does not make it a different practice nor does it stop the practice from being harmful to children and families.

Significantly, it is still unclear to advocates what circumstances warrant an FPAP versus an SPP, and why there needs to be two different policies. Indeed, we have seen CFSA using them interchangeably regardless of the allegation type. But if it is true that an FPAP does not involve abuse or neglect, why is CFSA involved with this family at all? Moreover, why is CFSA tracking and recording more information on FPAPs than it does for SPPs, and why are FPAPs allowed to be long-term when SPPs are not so intended? I have attached our commentary on the new policies at **Exhibit C**.

⁷ Child and Family Services Agency Establishment Amendment Act of 2000, Pub. L. 13-277 (Apr. 2001); Child in Need of Protection Amendment Act of 2004, Pub. L. 15-531 (Apr. 2005).

⁸ CFSA Administrative Issuance 20-1, “Diversion Process at Investigations,” July 13, 2020, *previously available at* <https://cfsa.dc.gov/publication/ai-diversion-process-investigations>.

There are many reasons why diversion/hidden foster care as practiced by CFSA is problematic.

1. Clinical Decisions to Divert are Inconsistent and Suspect

First, the decision to divert is typically made by a CPS social worker responding to a hotline call. However, the clinical decision to divert is suspect because is not made based on the safety and best interests of the child, such as the severity of abuse, how many times this family has come to the attention of CFSA, or whether the parents are available or competent to make a plan. Rather, diversion happens when CFSA finds a willing relative or friend to take the child. We have seen children entering foster care or being diverted pursuant to safety plans or family planning arrangements under the exact same circumstances, such as parents unable to parent due to severe mental impairments from long-term substance abuse or mental illness, physical abuse or neglect of children, or homelessness. We have even seen siblings who are removed for the same reasons and who are placed with the same relative, yet one child is placed through foster care and one through diversion. CFSA places abused and neglected children through foster care only when it cannot easily circumvent the law, such as when a family member or friend cannot be located to take the child.

2. The Plan is Made Under Duress and There is no Knowing or Voluntary Agreement

Once the decision to divert is made, CFSA *may* discuss the plan for the child to live with the relative with the parents and *may* obtain the consent of the parent to do so. However, in some cases, parental consent is not ever obtained, raising serious constitutional concerns.⁹ While the SPP provides for a written plan, that it be time limited and that a parent must execute it, the FPAP requires none of these things. Moreover, in our experience working with kinship families, we have

⁹ “The state is limiting one of the most precious substantive liberty rights recognized by the Constitution—that of parents to the care, custody, and control of their children—and the reciprocal right of children to live with their parents.” Josh Gupta-Kagan, *America’s Hidden Foster Care System*, 72 Stan. L. Rev. 841 at 843 (2020), available at <https://review.law.stanford.edu/wp-content/uploads/sites/3/2020/04/Gupta-Kagan-72-Stan.-L.-Rev.-841.pdf>.

seen diversions where: there is no parental consent, for example, when a parent's whereabouts are unknown; parents lack the capacity to consent, for example, when a parent has been involuntarily hospitalized; or parents with pending homicide charges for murdering the other parent have been allowed to consent to a plan for the child.

Even when there is consent, it is rarely knowing and voluntary. From our first-hand observations of CFSA's family team meetings with families and those relayed to us by our clients, both the parent and the relative are coerced into agreeing to the plan for the child to live with the relative. The parent is coerced because they are told that if they do not agree, the child will go into "the system" and it will be difficult to ever get the child back. As such, the parent is not in a position to freely consent to anything.¹⁰ CFSA has all the power and is effectively making the decision alone.

The caregiver is coerced because they are told that if they do not agree, the child will go into foster care with a stranger. The caregiver is never told that they would be the first choice for placement if the child were to be formally removed, nor is the caregiver told that they would receive a foster care payment to help care for the child. If the caregiver somehow knows to ask about kinship foster care, they are told that it is not available or that they may not qualify and that it could take a long time. They are not told that there is a fast track licensing process for kin and that all non-safety related requirements can be waived under DC regulations. **It is clear that if a willing relative steps up to care for the child informally, kinship foster care is not an option available to them.**

The idea that CFSA is merely facilitating a voluntary plan made by parents under these circumstances is convenient fiction, as is the idea that these plans empower families so as to avoid government intervention. Moreover, it masks the oppressive reality – that government intervention has already happened and the families have no real choice.

¹⁰ *Id.* at 866.

3. Parents and Children are Being Separated (Not Kept Together) and the Due Process Rights of Parents and Children Are Violated

The third reason why CFSA's diversion policy and practice is troubling is that, by definition, the child is going to live informally with a relative *instead of* foster care. Foster care provides an important check on the power of CFSA to remove a child from a parent because parents and the child are appointed lawyers to represent them and a judge determines if there is sufficient evidence to warrant removal. With diversion, there is no check on the power of the agency to determine if parents and children should be separated in the first place.¹¹ Foster care also furnishes services and supports that are not available through diversion. A parent will receive services to address the problem that led to the separation from their child and to assist with the goal of reunification.¹² The licensed caregiver and the child will receive services like respite care and transportation to school and foster care maintenance payments that ameliorate the impact of poverty.¹³ Significantly, in foster care the child stays in DC or nearby Maryland. However, CFSA has provided numerous examples of diversions where children go to live in jurisdictions far away from their homes or communities, and no checks of the home or backgrounds of the caregivers are conducted to ensure child safety. Our opinion piece regarding how CFSA is sending children subject to FPAPs out of state without any safeguards for their welfare is attached at **Exhibit D**.

4. Diversion Fails to Grant Legal Rights to Caregiver to Ensure Child Safety

CFSA's diversion policy and practice is problematic because it fails to grant any legal rights to the person who is taking the child into their home. In this regard, the caregiver is rarely provided with any documents needed to care for the child, such as the child's birth certificate, social security card, Medicaid card, or vaccination records. These things are needed to apply for benefits, get

¹¹ *Id.* at 875.

¹² *Id.* at 878.

¹³ *Id.* at 880.

medical care for the child, and enroll the child in school. Additionally, a diversion arrangement does not grant legal custody to the caregiver nor is it legally enforceable. Accordingly, the parent could come get the child at any time, or the caregiver could return the child to the parent even if the parent is still not safe.¹⁴

Further, the caregiver often does not even have the right to file for custody of the child in court until the child has been living with them for four months, and then it takes a minimum of three to four months thereafter for an initial hearing to be scheduled and a temporary custody order issued.¹⁵ During those seven to eight months, the caregiver has no right to: (a) keep the child in their physical custody; (b) obtain medical care or SSI benefits for the child; (c) apply for the child care subsidy;¹⁶ (d) add a child to their Housing Choice Voucher;¹⁷ or (e) obtain the child's birth certificate if Vital Records does not otherwise show the relationship in its official records (which is often a problem for paternal family members). The child's birth certificate is needed to prove relatedness to apply for TANF, and applying for TANF is a prerequisite to applying for the caregiver subsidies.

5. Diversion Provides No Pathway for Parents and Children to Safely Reunify

The purpose of foster care is permanency, either through reunification with a parent or guardianship or adoption with the caregiver. Diversion provides none of these pathways, as children are diverted multiple times or stay with relatives informally for months, years, or even until they

¹⁴ *Id.* at 882.

¹⁵ Third party caregivers may file for emergency custody if they are living with the child and can prove imminent danger to the child's health or safety. However, emergency orders are typically not granted unless the child needs life-saving medicine or surgery.

¹⁶ The child care subsidy manual requires a custody order before a caregiver is eligible to apply for the subsidy; a custodial power of attorney or other documents showing the caregiving relationship are not accepted. <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Eligibility%20Determinations%20for%20Subsidized%20Child%20Care%20Policy%20Manual%2010.7.19.pdf> at §300.3, p.24.

¹⁷ DC Housing Authority's housing voucher policies and practices require voucher recipients to notify the DC Housing Authority of any changes to household composition and obtain a custody order before they can add a child to the household. 14 DC.M.R. § 5316.1.

become adults. Moreover, CFSA has represented that many of the children under diversion arrangements are sent to live in other jurisdictions, making it difficult or impossible for reunification to occur.¹⁸

While CFSA may follow up for a short period (typically, no more than a month), CFSA will close its investigation even if the plan is not working, and leave the caregiver to figure out how to care for the child long-term. If a caregiver tells CFSA that they can no longer care for the child because of all of the hurdles to do so, CFSA will threaten the caregiver with a neglect case. In other words, once CFSA closes its case, it will not get reinvolvement to help stabilize the family unless a new allegation of abuse or neglect is called into the hotline, which is when the plan has already failed. The reason we find out about diversion is invariably because something has gone wrong.

6. Diversion Disproportionately Impacts Low-Income Families of Color

The vast majority of families involved with CFSA are Black, live in Wards 7 and 8, are poor, and have lower levels of education. This results in a concerning power imbalance between the agency and the families they are tasked to serve. CFSA takes advantage of this power imbalance to deny parents the appointed counsel that would be their right in a neglect case, and kinship caregivers and children much needed economic benefits to which they are entitled, including the foster care subsidy. These critical resources are thereby appropriated from our most under-resourced communities of color.

7. There is No Tracking of Outcomes to Determine if Diversion is Better for Children and Families than Kinship Foster Care

The SPP does not require CFSA to keep track of safety planning arrangements to live with relatives or their outcomes. While the FPAP does have some limited reporting and tracking even

¹⁸ Spindel & McClellan, “Out of State Out of Mind,” The Imprint (October 17, 2022), *available at* <https://imprintnews.org/opinion/out-of-state-out-of-mind/234694>.

though there is no ongoing CFSA involvement, it does not track the most important thing – *the children’s outcomes following a diversion*, such as: how long children stay in a diversion arrangement; whether they return home and when; what services they receive; whether they are subject to future abuse or neglect; and whether they are ultimately removed to foster care. In other words, there is no information on whether diversion is a successful policy that helps children.

C. Child Fatalities and Near Fatalities

Another area where we have significant concerns is with respect to children who die or suffer from near fatalities as a result of abuse or neglect in DC.¹⁹ CFSA’s annual Internal Child Fatality Report (ICFR) does not provide data regarding near fatalities and its data regarding child fatalities that are a result of abuse or neglect are deeply flawed and does not provide the public with the information needed to make meaningful change.

CFSA continues to report that none of the child fatalities it reviewed in CYs 2018, 2019, 2020 or 2021 that occurred in CY 2018 were due to abuse or neglect,²⁰ yet we know that two-year-old Aceyson “Ace” Ahmad was beaten to death on April 17, 2018, that one-year-old Carter Sanders was beaten to death on May 16, 2018 and that six month old Brooklynn Hill Davis was scalded to death on September 5, 2018.²¹ Were all three of these babies not known to CFSA at or prior to their deaths?

CFSA compares the numbers from prior year reports to the CY 2021 report, and concludes that the numbers are either stagnant or going down. However, we will not know that for several

¹⁹ Near Fatality is defined as “a child in serious or critical medical condition as a result of child abuse, neglect, or maltreatment, as certified by a physician.” DC Code § 4-1303.31(6).

²⁰ *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2021* at p. 69, available at

<https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2021%20Annual%20CFR%20Report%20Final.pdf>.

²¹ Baskin, Morgan, *To Escape Court Oversight DC’s Child Welfare System is Cutting Corners*, *Washington City Paper*, April 11, 2019, <https://washingtoncitypaper.com/article/180828/to-escape-court-oversight-dcs-child-welfare-system-is-cutting-corners/>.

more years as neither the review conducted for 2021 nor prior year child fatalities is likely complete. Typically, CFSA reviews child fatalities that occur in any given calendar year over that year and the two to three years following it.²²

Of the three substantiated neglect and abuse homicides that CFSA has reviewed for CY 2021 thus far, two involved children in the same family, an 11 month old girl, and 6 months later, her 3-year-old brother. The third child, a 17-month-old, was burned by scalding and died from those injuries. The report states that the families of these children had extensive referral histories to CPS and both had in-home cases at the time of the fatalities.²³ Could CFSA have prevented their deaths? If so, what lessons has CFSA learned from any mistakes made in their cases? These are the kinds of questions that CFSA's fatality reports should be designed to answer, yet none of them do.

We know that of the 29 total child fatalities in 2021 that CFSA has reviewed and reported on, 25 of them or 86% had hotline calls screened out within 5 years of the child's death.²⁴ What that means is that those hotline calls were not investigated. Of the 25 who had hotline calls screened out, 12 or 41% had 4 or more hotline calls that were never investigated. Given the incredibly high percentage of calls that were not investigated regarding children who later died, one would think that there would be some red flags about this issue and perhaps a recommendation that CFSA review its hotline calls to assess the reasons why calls were screened out and whether it was appropriate to do so. However, there is no recommendation in the 2021 ICFR that touches on this issue.

We also know that 23 of the 29 children or 79% had investigations opened within 5 years prior to their death, and 17% of those had four or more investigations.²⁵ Given the high number of investigations that ultimately did not prevent these children's deaths, CFSA needs to take a hard look

²² 2021 Report at p. 69.

²³ *Id.* at p. 12.

²⁴ *Id.* at p. 41.

²⁵ *Id.*

at how investigations are resolved, especially repeat investigations. There is no recommendation in the 2021 ICFR that touches on how investigations are resolved.

And for those 29 decedents, 16 of the families or 55% had at least one substantiation for abuse or neglect within 5 years prior to the fatality.²⁶ Further, for 8 or 28% of the decedents, CFSA substantiated that particular child at least once within 5 years prior to their death, and for 6 or 21% of the decedents, CFSA had substantiated that child at least once as abused or neglected within 12 months of their death.²⁷ This raises the question of what CFSA did or did not do after substantiating to ensure the future safety of these children. But there is no information provided in the report about this or recommendations to enhance future practice.

Additionally, 14 or 48% of families had an in-home or foster care case opened within 5 years of the child's death.²⁸ Given the number of in-home and foster care cases that did not successfully prevent the death of a child, CFSA should look at how it is monitoring and closing these cases and whether it is following best practices.

Finally, 12 or 41% of the 29 families had direct CFSA involvement at the time of the fatality.²⁹ What could CFSA have done to try to prevent the fatality per its involvement? The report does not provide this information.

These are not new questions and this is not a new oversight issue. The public and this Committee should know what opportunities CFSA had to intervene prior to a child's death so that improvements can be made to do better in the future.

Thank you for the opportunity to testify today. I am happy to answer any questions.

²⁶ *Id.* at p. 43.

²⁷ *Id.* at p. 44.

²⁸ *Id.* at p. 41.

²⁹ *Id.* at p. 40.

brownrudnick

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January 20, 2023

VIA EMAIL AND FEDEX

DC Child and Family Services Agency
Attn: Robert L. Matthews, Director
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Washington, DC 20003
cfsa@dc.gov
Robert.Matthews2@dc.gov

Dear Mr. Matthews:

Our firm represents DC KinCare Alliance (“DC KinCare”) in intellectual property matters. As you likely know, DC KinCare offers legal support to families, and specifically caregivers for children, in the District of Columbia in matters of child custody and welfare. DC KinCare has been active in the D.C. community since June 14, 2017. One of the most important ways DC KinCare promotes awareness of its services is through its website, www.dckincare.org. On its website, DC KinCare prominently displays its current logo, shown below.



DC KinCare also owns a federally registered trademark for the logo displayed above, U.S. Registration No. 6146209, registered on September 8, 2020 and first used in commerce on July 1, 2017, covering legal advice, legal aid, and related legal services in the field of child custody and welfare.

It has recently come to DC KinCare’s attention that the DC Child and Family Services Agency (“CFSA”) has launched a website at www.kinshipdc.org promoting its Kinship Navigator program. The website offers and promotes a program supporting child custody and welfare among family members with the following logo displayed prominently at the top of the website:



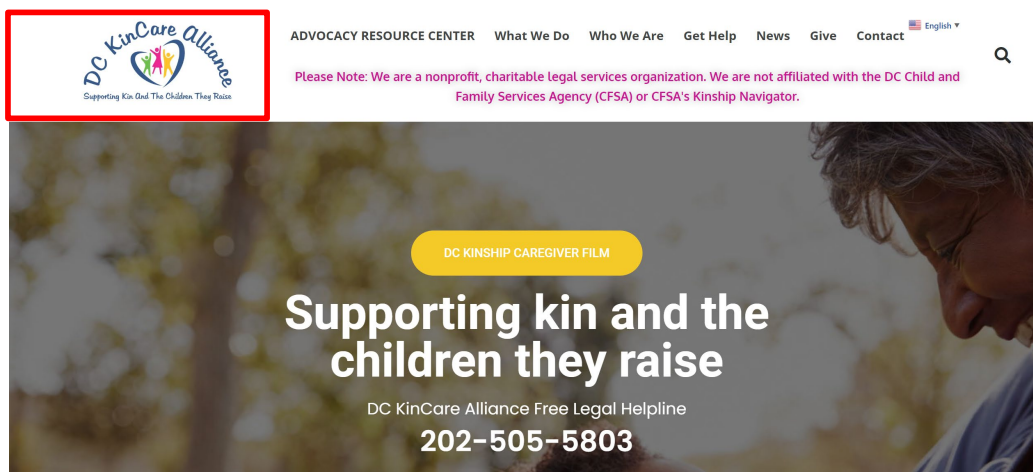


The logos are very similar in design. Each logo has three humanoid shapes in three different colors (two of which are the same colors/color family as those in the DC KinCare logo) that form a heart. Furthermore, each logo appears in the top left corner of the website of the respective websites. In addition, the URL utilized by CFSA is confusingly similar to DC KinCare's URL of www.dckincare.org and appears to represent that it is a nonprofit, charitable organization when it is not. All of these similarities, as shown below in the front page of each website, create a high likelihood of confusion between the two entities.

CFSA Kinship Navigator main page:



DC KinCare main page:





Indeed, DC KinCare was so concerned about confusion by those looking for its services that it has already added the disclaimer next to the logo in an attempt to differentiate itself from the CFSA Kinship Navigator program, as shown larger below.

Please Note: We are a nonprofit, charitable legal services organization. We are not affiliated with the DC Child and Family Services Agency (CFSA) or CFSA's Kinship Navigator.

In light of the opportunities for confusion, confusion that has already occurred, and so that both entities can best serve their intended constituencies, DC KinCare requests that CFSA make the following changes to differentiate itself from DC KinCare's registered trademark and website:

1. Change the Kinship Navigator logo to avoid the appearance of a tri-color, three element heart-shape logo like DC KinCare's registered logo;
2. Add "CFSA" and/or "Child and Family Services Agency" and/or "D.C. Government entity" in close proximity to the Kinship Navigator logo;
3. Add a disclaimer similar to the one DC KinCare added to its own website that the Kinship Navigator program is not affiliated with DC KinCare; and
4. Change the website URL of KINSHIPDC.ORG to:
 - a. Replace the .ORG domain name with a .GOV domain name since the Kinship Navigator is in fact a program run by the D.C. government rather than a nonprofit organization like DC KinCare; and
 - b. Replace KINSHIPDC with CFSAKINSHIPNAVIGATOR.

DC KinCare certainly appreciates the important work that CFSA does, the services that it offers, and looks forward to your cooperation with these requests. If you would like to discuss these matters further, we would be happy to schedule a call with you or your counsel. In the meantime, DC KinCare reserves all rights and remedies in the event the parties are unable to reach an amicable resolution.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vincent J. Badolato'.

BROWN RUDNICK LLP

Vincent J. Badolato

cc: Councilmember Janeese Lewis George

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency



OFFICE OF THE DIRECTOR

January 24, 2023

Vincent J. Badolato, Esq.
Brown Rudnick LLP
601 Thirteenth Street NW, Suite 600
Washington, D.C. 20005
VBadolato@brownrudnick.com

Dear Mr. Badolato:

Thank you for your letter dated January 20, 2023, on behalf, DC KinCare Alliance (DC KinCare), regarding their concerns about the DC Kinship Navigator Program (Program) logo and website URL which launched in October 2022. I have reviewed your letter and do not agree with your assessment. I have addressed your concerns below.

1. The Logos

There is nothing remotely similar about the logos. Both logos are very different in shape, color, imagery, design and wording. Though it is true that both logos include a heart image, the heart image in each logo is also very different. As you acknowledged, DC KinCare's heart image displays three distinct humanoid figures inside a heart outline. The heart image in the Program's logo is blue and is part of the body of the middle humanoid figure. It is also not unusual for child safety and well-being entities to have heart like images along with humanoid figures in their logos.

2. The Program's Website

We also do not intend to change the Program's website URL or the website page. We do not believe that the website URL and the logo placement on the website causes any confusion. The website URL encompasses part of the Program's name. CFSA wanted to make it easy for consumers to identify and locate the website as its functions to promote resources for families in kinship relationships. Additionally, except for the placement of each logo, the Program's and DC KinCare's website pages are also dissimilar and there is nothing similar about the services that the Program offers compared to the services that DC KinCare offers on their websites. Specifically, the Program offers three different types of support: subsidies for grandparents and close relatives through the Grandparent Caregiver Program and the Close Relative Caregivers Program; emergency financial assistance, and referrals to community based services. Unlike DC KinCare, the Program does not provide legal services. Finally, the District government logo is prominently displayed at the bottom of the Program's website page. As such, we also do not believe there is a need to include disclaimer language on our website page.

If you would like to discuss further, please contact my General Counsel, Nina Jones at nina.jones@dc.gov or (202) 202)442-4238 (o) or (202)409-2790 (c) to schedule a time to meet.

Regards,

Robert L. Matthews

Robert L. Matthews
Director

cc: Councilmember Janeese Lewis George

EXHIBIT B

DC KINCARE ALLIANCE RELATIVE CAREGIVER COMMUNITY BOARD Position Statement on Kinship Navigator Programs

May 6, 2022

Why We Care

The DC KinCare Alliance Relative Caregiver Community Board is a group of 21 relative caregivers raising 26 Washington, DC children. We took in these children because their parents could not take care of them due to: gun violence, incarceration, substance use and mental health disorders. The children we are raising are great kids but they need extra help because of the abuse and neglect they suffered before they came to live with us. We need help because we do not have much money, we were not expecting these children to come to us, and there is a lot to figure out to make sure they have everything they need.

What Kind of Help We Need

We face an uphill battle every time we try to get help for these children because the legal, government benefits, healthcare and educational systems are all designed for traditional families, not families that look like ours. It is really hard to figure out what we are supposed to do when we are trying to get the children what they need. We need one place to go to find help for caregivers like us, whether we are trying to get custody to keep the children safe, get financial benefits to feed and clothe them, get a bigger housing unit so they have a proper place to sleep, get them evaluated for an IEP or registered for school, take them to the doctor or dentist, or get them help for developmental, behavioral, or mental health issues. A lot of times, we do not even have basic documents for the children, like Medicaid cards, birth certificates or Social Security cards, and we need those documents to get almost any kind of benefits or services for them.

How We Need to Receive Help

Kinship navigator programs can help us get what we need but they cannot just take our information and send us to different places for different things because we run into so many roadblocks. We need an actual person, like a case manager, to get us emergency help when the children first come to us in crisis with nothing but the clothes on their back. Then, we need that person to help us get documents, walk us through applying for benefits, and add the children to our housing vouchers. We need help and advice from lawyers to get the legal rights to care for these children and understand all our options to keep them safe. **DC's kinship navigator program does not do any of these things. In fact, we were upset to find out that, out of the \$600,000 received from the federal government so far, the DC Child and Family Services Agency has only used \$175,000 (see attached information received from CFSA). We certainly have not seen any of that money ourselves.**

Kinship Navigators Should Not Be Part of the Child Welfare Agency

Kinship caregivers like us do not feel safe, respected, or understood by the DC child welfare agency. Many of us have had bad experiences with child welfare social workers saying one thing but doing another. The bottom line is that we are afraid to ask for help from the child welfare agency because they can always use that against us and try to take our kids away. **Kinship navigators should be separate from the child welfare agency so we can get help from people who are just there for us and who do not answer to the agency for their jobs or their money.**

Inquiries about this Position Statement may be directed to:

Marla Spindel, Executive Director, DC KinCare Alliance, 202-360-7106, marla@dckincare.org

CFSA Kinship Navigator Funds

A breakdown by CFSA of the use of funds received from the federal government for kinship navigator services under Title IV-B in FYs 2018, 2019, 2020 and 20 2 including a break down of direct service expenses. (Date Range for Record Search: From 10/01/2017 To 09/30/2021)

- 1. Direct Services:** *gift cards, metro cards, transportation codes, household items, short-term assistance with utilities, rent, and security deposit.*
- 2. Software/technology/equipment/supplies**

10/1/2018 – 9/30/2019

Direct Services: \$82,699.58



10/1/2019 – 9/30-2021

Direct Services: \$65,936.02

10/1/2020 – 9/30/2022

Direct Services: \$27, 208.96

EXHIBIT C**DC KinCare Comments in Red**

POLICY TITLE:	Safety Plans		
 	CHILD AND FAMILY SERVICES AGENCY		*This policy is mostly a copy of the policy that was in place in May 2019
Approved By:	Date Approved:	Original Effective Date:	Last Revision:
Robert L. Matthews - Director	July 18, 2022	May 29, 2019*	June 22, 2022

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency's mission, and applicable federal and District of Columbia laws and regulations including provisions in Titles 4 and 16 of the DC Official Code.
II. APPLICABILITY	All Agency employees and contracted personnel, and contracted providers.
III. RATIONALE	<p>CFSA's first priority toward families and their children is working to ensure their safety. A signed safety plan is an effective tool to facilitate and promote the family's efforts to keep children safe. A safety plan clearly describes immediate threats to the child(ren)'s safety and details how the family will manage, mitigate, or eliminate the threats to the child's safety. Safety plans are time-limited and require consistent re-evaluation, monitoring and management with the participants in the plans.</p> <p>The safety plan must be developed collaboratively with the family with realistic actions that are feasible and sustainable over time; it can frame and facilitate ongoing engagement between the family members and help keep children safe.</p>
IV. POLICY (1) Safety plans are regularly entered into without a parent or legal custodian, and we know of cases since the approved date of this policy where this has occurred. (2) What does this mean? Why would you need a safety plan with a designated caretaker if the child is safe in the care of the parent? (3) So the safety plan can be indefinite. We have never seen a time limited safety plan (including ones post approval date). (4) If the safety plan with a designated caregiver isn't working and the parent still can't care for the child after 30 or more days, what other means would be possible besides removal?	<p>If it is clinically appropriate to do so, as delineated in Section A below, CFSA shall develop a formal, written safety plan with the parent or legal custodian (1) of the child to address immediate safety threats and to allow the child to remain safe with the family (or other designated caretaker) without necessitating a court-ordered separation from the home. Safety plans are not appropriate when it has been clinically assessed that the child is no longer safe in the care of their parent. (2)</p> <p>The safety-related action steps outlined in the safety plan must have an immediate effect and be immediately available and accessible. Actions and activities outlined in the safety plan are to be designed to control threats to the child's safety using the least intrusive means possible.</p> <p>The safety plan will clearly outline what these actions and activities are, who is responsible for undertaking them, under what conditions they will take place, and when they will be completed or achieved. Every participant in the safety plan is to understand and agree on their role and responsibilities.</p> <p>Since no case circumstance is exactly alike, the safety plan shall be tailored to the individual situations. Generally, the action steps outlined in the safety plan should be designed to be completed within 30 days of its enactment. If the circumstances call for it, safety plans may be enacted for more than 30 days. (3) If, after that period, there is a continuing need to address the immediate threats to child safety and one or more custodians remain unable to provide for the child's safety without the plan being in place, the Agency is to explore other means beyond the safety plan to ensure the child's safety. (4)</p>

	<p>Within 24 hours of enacting a safety plan with a family involved in a Child Protective Services investigation, the family shall be referred for an expedited at-risk Family Team Meeting (FTM).</p> <p>Following the enactment of a safety plan with a family with an open CFSA in-home case, a social worker facilitated family conference shall be convened immediately, or the family may be referred to an expedited at-risk FTM.</p> <p>When the safety plan calls for the child's temporary (and non-foster care) living arrangement with an adult relative or friend, the Agency is to follow a set of specific practice protocols outlined in <i>Section B: Development of the Safety Plan</i>. Note: For any court-involved families in which a safety plan is enacted, the assigned assistant attorney general (AAG) must be notified within 24 hours of enacting the safety plan.</p>
V. CONTENTS	<p>A. Circumstances Warranting a Safety Plan</p> <p>B. Development of the Safety Plan</p> <p>C. Safety Plan Management, Review, and Resolution</p>
<p>VI. SECTIONS</p> <p>(5) Immediately addressed and ameliorated should not be defined as a safety plan to live with designated caretaker; rather, the safety issue in the parental home must be addressed.</p> <p>(6) The children are separated from the parent whether or not there is a court order; caregiver does not have option of foster care at this stage.</p>	<p>Section A: Circumstances Warranting a Safety Plan</p> <p>A safety plan may be developed and executed with the parent or legal custodian of a child who is in danger of harm, and the following conditions exist:</p> <ol style="list-style-type: none"> 1. The danger or safety issue can be immediately addressed and ameliorated with the family's agreement, cooperation, and action such that the child need not be separated from the home through a court order. (6) 2. The safety plan participants have the protective capacity, resources, and support to carry out and follow-through on the actions outlined in the safety plan. (7)
<p>(7) We know of cases (post this policy approved date) where the caregivers do not have the resources to care for the children but feel obliged to say they do--including when they do not have food, clothing and beds.</p> <p>(8) This must make clear that the parents, designated caregiver and social worker must all participate in and sign the plan. We know of unwritten safety plans entered into by CFSA and without a parent present since the approval date of this policy.</p>	<p>Section B: Development of the Safety Plan</p> <p>A safety plan must, be dynamic and customized to address the identified safety needs of the family. The social worker shall document the agreed upon safety planning elements in the Safety Plan Form and provide a copy of the signed document to the family and other participants. (8) The signed original shall be placed in the hard case record and the information from the form entered into FACES.net.</p> <p><u>Safety Plan Content Requirements</u></p> <ol style="list-style-type: none"> 1. At a minimum, the safety plan must contain the following elements: <ol style="list-style-type: none"> a. A narrative description of the specific issue(s) that caused the child to be unsafe that must be addressed. b. The safety condition(s) that must be established, and the participant who is primarily responsible for the conditions being met throughout the duration of the plan.

<p>(9) We know of safety plans since the policy approval date that do not have review dates, and we have not seen them in prior plans either.</p>	<ul style="list-style-type: none"> c. The specific action(s) that will be carried out, by whom and by when, to keep the child safe. d. The name and contact information of each safety plan participant. e. A schedule for review and follow-up of the specific action steps and a timeframe for the anticipated resolution of the safety plan. (9) f. A signed acknowledgment (or email or verbal acknowledgements during periods of adjusted operations) by the participants and the assigned social worker that: <ul style="list-style-type: none"> i. The safety plan has been developed jointly by the family; ii. All action steps addressed in the safety plan have been agreed upon; and iii. Failure to abide by the requirements of the safety plan may result in CFSA action to separate the child from the home and place them into foster care if the child cannot be kept safe. <p>Note: Social workers must make all decisions whether to community paper or separate in consultation with their supervisor and approval by their program manager and administrator.</p> <p>2. The safety plan may not include language requiring any of the participants to go to the Domestic Relations Court to obtain legal custody.</p>
<p>(10) Even though foster care is included in the Kinship Care Guide, CFSA does not permit caregivers to choose this option at the time of safety planning.</p> <p>(11) Add: A parent is not safe to plan if they are: wanted for, arrested, or have prior conviction for (a) any crime related to child safety or crimes against children, (b) DV against a family member, (c) killed the other parent/guardian, or (d) current CPO in place against that parent. Parents who have consistently failed to follow safety plans in the past should not be allowed to safety plan.</p> <p>(12) Add requirement to check criminal records in MD and DC as well as national sex offender registry, and not approve caregiver who could not be approved as a foster parent due to safety issues.</p>	<p><u>Resource Options</u></p> <p>3. The social worker must talk with families about the options available in the Kinship Care Guide and document this discussion in the Contact Notes screen of FACES.net. (10)</p> <p><u>Participant Considerations</u></p> <p>4. Key family decision-makers (including the parent or proposed caretaker) who are under the influence of alcohol or drugs (or other impairment) (11) cannot participate in safety planning. (see 2013 POM Manual for better language)</p> <p><u>Safety Plans with Temporary Living Arrangements</u></p> <p>5. In instances in which the safety plan includes a provision for the child's temporary living arrangement with an adult relative or friend, while safety issues involving the child's caregiver are addressed and resolved, the assigned social worker is responsible for ensuring that the following action steps occur as soon as possible:</p> <ul style="list-style-type: none"> a. Complete an assessment of the adult relative or friend to determine whether the child will be safe in their care. The assessment is to include: <ul style="list-style-type: none"> i. Research of the FACES.net to review any history of Agency involvement. (12) ii. A visit to the home of the adult relative or friend to ensure that it is a safe environment for the child. (12a)
<p>(12a) This must be done every week because oftentimes the child is returned home or left with another caregiver without notifying the agency.</p>	
<p>Safety Plans</p>	<p>Page 3 of 4</p>

	<ul style="list-style-type: none"> b. Provide and explain the elements in the Kinship Care Guide to the adult relative or friend outlining the options to support the child, including becoming a licensed foster care provider. c. Work with the parent and proposed caretaker to ensure continuity of medical, educational, and other services.
<p>(13) This must include actually seeing the children and making sure they are safe and that the plan is being followed</p>	<p>Section C: Safety Plan Management, Review, and Resolution</p> <ol style="list-style-type: none"> 1. The action steps of the safety plan are family-driven, but it is the responsibility of the assigned social worker to establish the schedule for review and monitoring of the plan. <ul style="list-style-type: none"> a. The assigned social worker is to review the safety plan at least once per week with all the participants to measure progress and address barriers. (13) b. Review and follow-up of action steps may occur at the FTM or family conference. 2. The safety plan may be resolved and closed if the action steps have been completed and if, following a safety assessment, the family demonstrates the protective capacity to ensure the child's safety without it. 3. If immediate safety issues addressed in the safety plan have been resolved and: <ul style="list-style-type: none"> a. The investigation or case is to remain open, CFSA is to engage the participants and identify the key actions that support and sustain the parent's protective capacities and the child's ongoing safety. b. The investigation is to be closed without a recommendation to open an ongoing case. When that occurs, the assigned social worker is to convene a team meeting with the family to review the action steps agreed upon at the FTM, and discuss any recommendations for community-based referrals prior to investigation closure. c. The ongoing case is to be closed, then the assigned social worker is to follow the protocols in the Standards of Safe Case Closure policy.

* No outcomes or reporting required.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-22-2

TO: All Staff
FROM: Elizabeth Muffoletto
Deputy Director of Entry Services
DATE: July 18, 2022
RE: Informal Family Planning Arrangements

Families may develop their own plan and identify supportive resources to help safely care for their children. These supportive resources may include the non-custodial parent, a relative or another identified caretaker.¹ This family-led practice is referred to as “informal family planning arrangements”.

This administrative issuance outlines the informal family planning arrangement requirements and process. If you have any questions about this administrative issuance, please contact the Deputy Director for Entry Services or the Administrator for the Child Protective Services Administration.

Informal Family Planning Arrangement Process

When a child and their family come to the attention of CFSA through a hotline report, the investigative social worker shall conduct an assessment to determine if the child(ren)/youth can remain safe with the parents/legal guardian of the child or in the community with an identified caretaker.

1. The investigative social worker shall conduct the following steps to determine whether an informal family planning arrangement is appropriate:
 - a. Utilize clinical judgment to assess for child safety.
 - b. Through consultation with the supervisor and program manager a determination is made if an informal family planning arrangement is appropriate. **When is it appropriate?**
 - c. Once a collective decision is made that an informal family planning arrangement is appropriate, **within 24 hours of the decision** the investigative social worker shall:
 - Document any updates, such as the name, relationship, address, and contact information of the identified caretaker on the Contacts Screen in FACES.Net.

This should specifically state that this only occurs when the agency cannot substantiate abuse or neglect if that is the reason for this policy. If it is, however, why do we need this policy? Make clear that the agency cannot avoid substantiating and following a safety plan just because the child is living with another caregiver pursuant to this arrangement or that the child is safe with the plan to live with someone else and not address the safety issues in the home. Note, there are no requirements to ensure safety with the caregiver or any time limits on this. So it could be indefinite.

¹ Within this administrative issuance, “caretakers” refer to the individual identified to provide temporary care for the child or youth as a result of an informal family planning arrangement.



2. The investigative social worker shall identify and offer immediate supports and services based on the family's needs.
 - a. The investigative social worker shall explain and provide the child's parent(s), and/or identified caretaker with the *Kinship Care Guide* to help the family make the most informed decision about the various options available to them. What options are available at this stage? Not foster care.
 - b. The investigative social worker shall provide service options to the family and caretaker, which may include crisis intervention, transportation support, vouchers for food and clothing, legal support, *Grandparent Caregiver Program*, *Close Relative Caregiver Program*, Emergency Flex-Funds, kinship flex funds, referrals to the Collaboratives or other community-based providers, or other supports such as furniture.
 - c. *NowPow* and the Kinship Caregiver Line at (866) FAM-KIN1 can be utilized to identify services for families. The investigative social worker can provide information to families from NowPow and how to access the Kinship Caregiver Line.
3. Once a final determination has been made that an informal family planning arrangement is appropriate, and no further CFSA involvement is needed after the investigation closure, the CPS Supervisor shall enter the information into the Informal Family Planning Arrangement Form (see *attachment*) and submit it via email to the CPS Program Manager.
4. The CPS Program Manager submits the Informal Family Planning Arrangement forms on a weekly basis to the Entry Services Data Analyst
5. On the 15th of every month, the data analyst shall contact the CPS Program Manager to request a reconciliation of the data elements. Program managers shall have **3 business days** after receiving the reconciliation request to update the information.
6. Upon receiving the updated reconciled data, the data analyst shall prepare a monthly *Entry Services Informal Family Planning Arrangement Report* for review by Agency leadership and management.

Why is there tracking of services and referrals as well as reporting measures here but not for safety plans?

Child and Family Services Agency

Informal Family Planning Arrangement Form

Informal Family Planning Arrangement Details	
Date of Arrangement	Click here to enter a date.

Section I. Referral Number/Case Information			
Referral/Case Number	Social Worker	Supervisory SW	Program Manager

PLEASE NOTE: "Caretakers" refer to the individual identified to provide temporary care for the child or youth as a result of an informal family planning arrangement.

Section II. Parent/Legal Guardian and Identified Caretaker Information							
	Name	Relation to Child	Age	Gender	Race	Ward	Address
Child #1		N/A		Choose an item.			
Parent/ Legal Guardian		Ex. Mother		Choose an item.			
Parent/ Legal Guardian							
Identified Caretaker		Ex. MGM		Choose an item.			
Child #2		N/A		Choose an item.			
Parent/ Legal Guardian				Choose an item.			
Parent/ Legal Guardian							
Identified Caretaker				Choose an item.			
Child #3		N/A		Choose an item.			
Parent/ Legal Guardian				Choose an item.			
Parent/ Legal Guardian							
Identified Caretaker				Choose an item.			

Please submit all forms to designated staff within 3 business days of the informal family planning arrangement

Child and Family Services Agency

Informal Family Planning Arrangement Form

Section III. Additional Informal family planning arrangement Details

1) What action occurred which allowed for an informal family planning arrangement? *(Select all that apply)*

<input type="checkbox"/> Use of family, neighbors or other individuals in the community	<input type="checkbox"/> Legal action planned or initiated for child to remain in the home
<input type="checkbox"/> Nonoffending parent/legal guardian took action to protect the child from the alleged maltreater	<input type="checkbox"/> Use of Collaboratives or community agencies to support the parent/legal guardian in carrying out a safety plan
<input type="checkbox"/> Alleged maltreater left the home, either voluntarily or in response to legal action	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Nonoffending parent/legal guardian moved to a safe environment with the child	<input type="checkbox"/> Not applicable (please specify)

This seems to indicate there were abuse or neglect issues in the home

2) What actions by the parent/legal guardian's behavior and/or circumstances contributed to creating an informal family planning arrangement? *(Select all that apply)*

This seems to indicate there were abuse or neglect issues in the home

<input type="checkbox"/> Physical Health	<input type="checkbox"/> Prior Trauma
<input type="checkbox"/> Mental Health and Coping Skills	<input type="checkbox"/> Daily Parenting Behaviors and Routines
<input type="checkbox"/> Developmental/Cognitive Abilities	<input type="checkbox"/> Basic Needs and Management of Financial Resources
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Intimate Partner Relationship
<input type="checkbox"/> Court Order or other legal action	<input type="checkbox"/> Other Adult Household and Family Relationships
<input type="checkbox"/> Social Support System	<input type="checkbox"/> Physical Characteristics of the Household
<input type="checkbox"/> Community Environment and Neighborhood	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Accident	<input type="checkbox"/> Not applicable (please specify)
<input type="checkbox"/> Incapacitated illness	

Section IV. Services Offered

Identify services explained and offered to the parent/legal guardian and identified caretaker.

Type of Service	Recipient of Services	Name of Recipients
Crisis Intervention (MH/BH/CHAMPS)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Transportation Support (Metro Cards)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Vouchers (Food, Clothing)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Legal Support (NLS)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Grandparent Caregiver Program (Kinship Care Guide brochure must be provided to recipient)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Close Relative Caregiver Program (Kinship Care Guide brochure must be provided to recipient)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Kinship Diversion Funds Specify purpose: _____	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Collaborative or Family Success Center Referral	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Other	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	

Please submit all forms to designated staff within 3 business days of the informal family planning arrangement

Child and Family Services Agency

Informal Family Planning Arrangement Form

Section V. Informal Family Planning Arrangement Summary

Please detail below the following: (1) the specific actions of the parent/legal guardian, which led to the decision of an informal family planning arrangement, and (2) the impact of the actions on the child/ren or youth.



The Imprint

YOUTH & FAMILY NEWS

Opinion

FILED 10/17/2022 11:03AM

SHARE

Out of State, Out of Mind

BY MARLA SPINDEL AND STEPHANIE MCCLELLAN

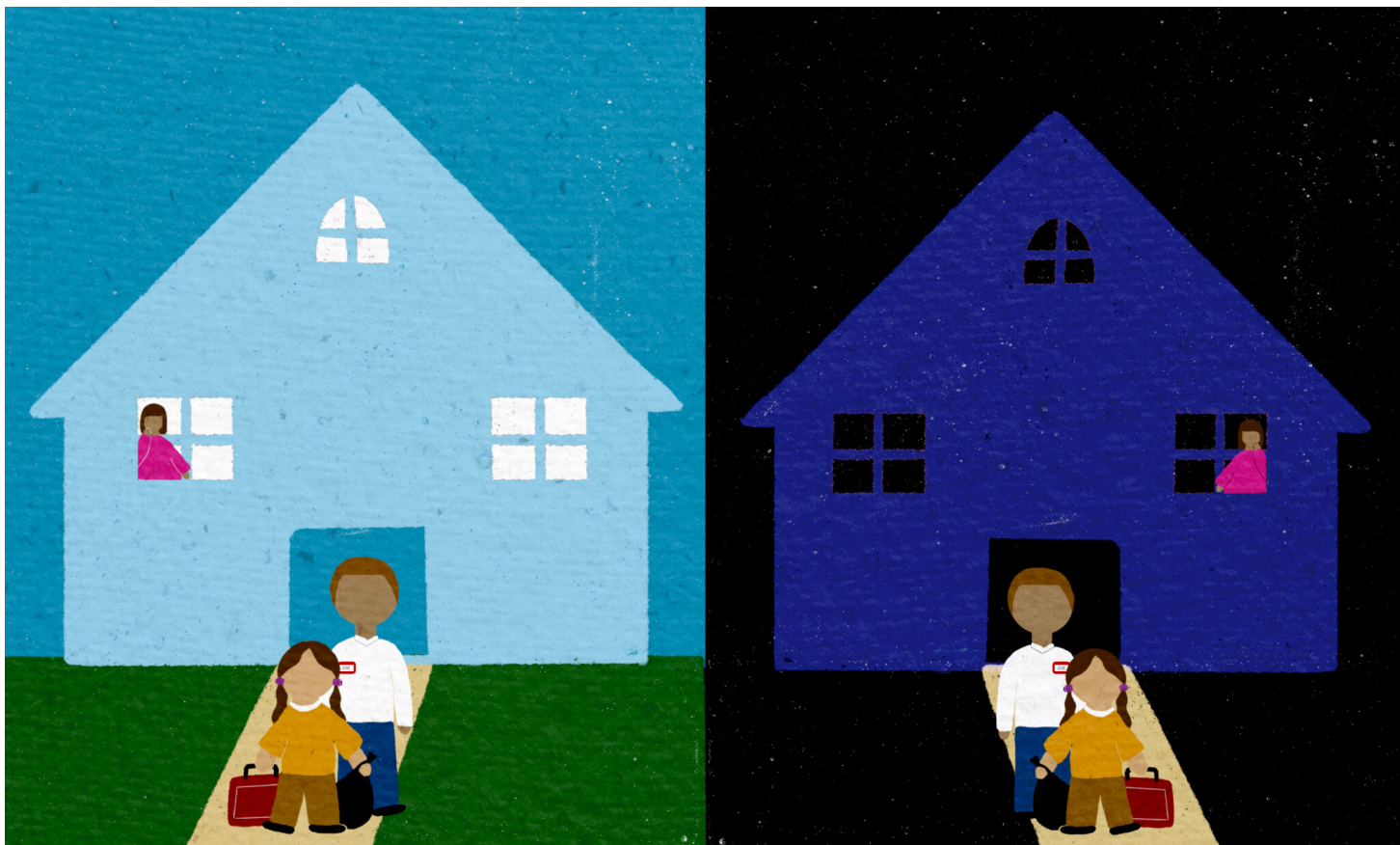


Illustration by Christine Ongjoco

A

t an Aug. 18 virtual “pop-up” explaining his new safety planning and informal family planning arrangement policies, the director of Washington, D.C.’s Child and Family Services Agency (CFSA) touted these policies as ensuring D.C. children who come to the attention of his agency are not removed from their homes.

But when Robert Matthews talks about “not removing” children, that is not entirely true. He means that he is not removing them to live in foster care, with all of its associated supports and services for the family. Instead, the agency still removes them from their homes and separates them from their parents, but it is done without any court oversight or accountability; this is often referred to as kinship diversion or hidden foster care.

Of even greater concern is that the agency is sending some of these children to other jurisdictions far away from their homes, without ensuring their safety in the new location or providing a pathway for them to reunify with their parents. At the pop-up, Matthews provided six recent examples where children were removed from their homes and communities and sent to other states such as Florida, New York and North Carolina. In one example, the agency paid for the child to fly to Florida and, when the child ran away and returned to D.C., the agency again intervened and flew the child back to Florida.



Authors Marla Spindel and Stephanie McClellan.

Stunningly, the agency does not conduct criminal background checks or even a review of the national sex offender registry before handing the children over. While in some cases, CFSA will review its child abuse protection registry before placing these children, the agency clearly cannot and does not do so when children are sent to live somewhere other than D.C.

If you are wondering how this could possibly happen, CFSA explains it away by saying a parent has voluntarily agreed to the arrangement. It is hard to believe that consent could possibly be voluntary when the parent does not have a lawyer to explain their rights and the parent knows that the agency has the power to take the parent to court and formally place their children in foster care with strangers. In at least three examples provided by Matthews, there was not even a parent who could consent at all, much less voluntarily.

We at DC KinCare Alliance also know of situations where a parent who has been arrested for murdering the other parent in front of the children is allowed to decide who will care for the children. We asked Matthews about this at the pop-up and he confirmed that there are situations in which the abusive parent is permitted to decide where the children will live. In the situations we are

aware of, the abusive parent has identified members of their own family, while the victim's family is left without a say.

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According to its own data, the vast majority of children served by the D.C. Child and Family Services Agency are poor, Black and living in the city's most underserved areas. These are the children the agency is sending away to other states. Matthews contends that the agency will review these children's outcomes by checking whether the agency receives a hotline call about them within the following six months but, of course, there will be no calls to the hotline for children who no longer live in D.C.

No one knows or seems to care what happens to the children D.C. sends away. From Matthews' perspective, at least they are no longer D.C.'s problem to solve.

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Washington D.C.

ABOUT THE AUTHORS

Marla Spindel

Marla Spindel is the executive director of DC KinCare Alliance, a D.C. nonprofit legal services organization whose mission is to support the legal and related service needs of relative caregivers who step up to care for at-risk D.C. children when their parents cannot.

VIEW ALL ARTICLES BY MARLA ▶

Stephanie McClellan

Stephanie McClellan is the deputy director of DC KinCare Alliance.

VIEW ALL ARTICLES BY STEPHANIE ▶

Testimony of Lucila Suarez, MD
Committee of Facilities and Human Services: Performance Oversight Hearing
Fiscal Year 2023
Council of the District of Columbia

February 24th, 2023

Good morning, Chairwoman Lewis George and members of the Committee. My name is Dr. Lucila Suarez, and I am a pediatric resident—and soon-to-be pediatrician—in DC. In my three years of pediatrics training, I have cared for the District's infants, children, and adolescents in various hospital and outpatient clinic settings.

I want to start by thanking you for the opportunity to testify on the performance on the Child and Family Services Agency over the past fiscal year. Today, I will focus my testimony on CFSA's home visiting programs. CFSA funds programs that focus on supporting special populations, such as the Mary's Center's Father-Child Attachment program that supports masculine caregivers of young children, and Community Family Life Services' Parent Support and Home Visitation program that supports returning citizens reuniting with their child.

Like many pediatricians, I am passionate about preventative medicine and the critical role it can play in changing the trajectory of an individual's life. That is why I am here today, testifying in support of CFSA's home visiting programs, which are an essential part of protecting the health of our most vulnerable children and their families.

What really excites me about home visiting is that it fills the gaps many pediatricians cannot close by themselves. Much of the burnout in medicine stems from our inability as providers to address the social determinants of health in a 15-minute clinic visit—when we are also addressing medical and behavioral health concerns, education, nutrition, sleep, development, all while examining, referring, prescribing, and completing health forms. What ends up happening is that our children, like a 2-year old boy who I see almost every week that I am in clinic, overuse the medical system to address issues at home. This is not only expensive and burdensome for the healthcare system, but also unfortunately ineffective.

Home visiting, however, saves cost due to its effectiveness addressing these very issues at home. Research shows an ROI between \$1.80 and \$5.70 for every dollar invested¹. Home visiting has been shown in studies to promote healthy child development by creating a more

¹ L.A. Karoly, M.R. Kilburn, & J.S. Cannon. Early childhood interventions: proven results, future promise. Santa Monica, CA: RAND, 2005

stimulating home environment^{2 3}, referring children to early intervention programs⁴, connecting parents to employment opportunities^{5 6}, reducing mental health problems within a family^{7 8}, and improving access to necessary supplies like food and diapers. And while we can certainly prescribe diapers and other supplies to our families, it is the home visitors who are able to deliver these supplies to the home—not the pediatricians.

The COVID-19 pandemic has really opened our eyes to how much we miss as providers in the clinic, since even a glimpse into our patients' home environments through a Zoom screen during a televisit has been enormously informative about the factors impacting our patients' health. For example, when we cannot see the mold in a home that is triggering our toddler's repeated asthma exacerbations in the clinic and the hospital, both the patient and the healthcare system lose. When we cannot see the decline in a family's mental health and subsequent changes in the home environment—especially with the rise in deadly domestic violence and child abuse cases during the pandemic—both the patients and the healthcare system lose. This is where routine home visits with the same trusted adult who oftentimes speaks the same language and shares the same culture as the family, fill the gaps and complete the care that our healthcare system can provide. Home visitors are our partners in child health delivery and protection, and this is why I am here to support the continued investment in home visiting programs.

Thank you for your time, and I welcome any questions you may have.

² Healthy Families America, Research Spotlight on Success: Healthy Families America Promotes Positive Parenting. Healthy Families America, 2008, www.healthyfamiliesamerica.org.

³ David L. Olds, JoAnn Robinson, Lisa Pettitt, et al., "Effects of Home Visits by Paraprofessionals and by Nurses: Age Four Follow-Up of a Randomized Trial." *Pediatrics* 114, no.6 (2004): 1560–1568.

⁴ J. Love, E. Kisker, C. Ross, et al. Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families. Summary Report. Report to Commissioner's Office of Research and Evaluation, Head Start Bureau, Administration on Children, Youth and Families, and Department of Health and Human Services. Princeton, NJ: Mathematica Policy Research, 2001.

⁵ D. Olds, C. Henderson, R. Tatelbaum, et al., "Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation." *American Journal of Public Health* 78, no. 11 (1988): 1436–1445.

⁶ H. Kitzman, D. L. Olds, C. R. Henderson, Jr., et al., "Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries,

⁷ Lowell, Carter, Godoy, et al., "A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice."

⁸ H. J. Kitzman, D. L. Olds, R. E. Cole, et al., "Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Children: Follow-up of a Randomized Trial among Children at Age 12 Years." *Archives of Pediatrics and Adolescent Medicine* 164, no. 5 (2010): 412–418.

**Written Testimony of Dorian Thomas
Mentor Support Specialist of BEST Kids, Inc
Committee on Facilities and Family Services
Performance Oversight Hearing Testimony
Friday, February 24, 2023**

My name is Dorian Thomas. I am a 27 years old and single parent that lives in Ward 8. I was formerly in foster care until I aged out when I turned 21. The time in BEST Kids has been remarkable to say the least. BEST Kids has exposed me to job opportunities, they have put on enriching programming that exposed me to new experiences as well as got out of the house, and most importantly I got a mentor who's still in my life today that's been a support to me through some very challenging situations.

BEST Kid's loss of funding from CFSA is a travesty! We have youth that are still in foster care that we're expected to continue to service, yet we've been handicapped from properly serving them. We have a number of youths in our program, all with impactful and heartwarming stories. They all could stand in front of you and tell you all day long about how being a part of BEST Kids has changed their life.

One on One mentoring is vital to this community, and underserved communities like the ones that BEST Kids serves all need mentoring the most. They need a program that gets them out of the house, exposes them to positive adult influences, and develops them professionally. Me and my peers are living testaments of the great work that BEST Kids does. BEST Kid's funding should not have been cut, if anything it needs to be expanded.

Thank you very much for your time and hearing me out.

Testimony of
Toya Thompson
Foster Parent Licensed by The National Center for Children and Family (NCCF)
2023 Performance Oversight Hearing: Committee on Facilities & Family Services
Council of the District of Columbia
The Honorable Janeese Lewis George, Chair
February 24, 2023
VIA Zoom
12:00 PM

Good afternoon. My name is Toya Thompson and I am a Foster Parent licensed by The National Center for Children and Families (NCCF) and a resident of Prince George's County, Maryland. Thank you Councilmember Lewis George and members of the committee, for allowing me time to share testimony today.

I have been a foster parent since 1994 and transitioned to NCCF from another agency in 2018 when the District changed to the Temporary Safe Haven (TSH) one provider model. I have 9 children, 4 biological and 5 adopted. Initially, I became a foster parent to provide respite care to a co-worker. We both worked in a day-care center, and I had a good relationship with her foster child and was able to keep the child in their routine and at day-care. Within 30-days of my coworker asking me to get certified, I found myself registered for respite care and continued my journey as a foster parent from there.

In March 2022 I was approached by NCCF to be interviewed as a Professional Foster Parent, and I have been doing that now, full-time, for nearly a year. A Professional Foster Parent is someone who receives a higher monthly stipend so they do not have to work outside the home. You may have up to two children in your home and it allows you, as a parent, the freedom to give the children the attention that they need. Professional Foster Parents get the most difficult children, the children that no one else wants. Before I had mostly babies and very young kids, but this transition has allowed me to work with older kids and teens now.

I provide a safe and stable place, and when kids feel at home in your house you can open them up to tough conversations and situations. It is important to fill the gaps of their needs but not to embarrass them for not knowing any better. I make sure they understand that they can speak to me about anything. The benefit of working with older kids is that sometimes all you really need to do is listen. I give them space; they have their own rooms and can retreat there, but I also make them feel welcome to gather with the family for movies and meals. I never give relationship advice, particularly to the teens with babies. I teach them to respect themselves and understand what respect looks like, they can make their own decisions from there. I also give them a safe word, so they know that if they call me and say that word, I will drop whatever I am doing to come and be with them.

My work prevents these kids from being placed in group homes or other places that are not suitable for them. I believe that kids need to be in a home, period. No matter how old they are they benefit from being with a stable adult and in a place, they can call home. I will say that is it not always perfect, but when kids come into my home, they quickly understand that they are

respected, and our mutual respect opens up their eyes so they can see their own situation differently. Thank you for allowing me to speak this afternoon.

Testimony before the Facilities and Families Committee
of the DC City Council Performance Oversight Hearing on
The Child and Family Services Agency
Melody R. Webb, Esq.
Mothers Outreach Network
Thursday February 24, 2022 at 12 noon

Good morning, Chairperson Lewis-George and members of the Committee. Thank you for the opportunity to appear before you today. My name is Melody Webb, the Executive Director and Founder of Mothers Outreach Network (MON), a 501(c)(3) non-profit that also convenes the DC Guaranteed Income Coalition. The Coalition has been exploring and advocating for a range of basic income strategies to eliminate poverty. I'm also a Ward 6 Southwest DC resident, and native Washingtonian. Mother's Outreach Network uses direct legal representation, systemic advocacy, and community engagement strategies to empower DC mothers in the struggle to prevent the involuntary removal of their children to foster care, to strengthen their families and build economic mobility. Our legal representation includes assisting them with reversing their unjust placement on the permanent child protection register, advising them on investigations and related matters, and we are looking to launch this spring a cash payment program for mothers involved with Child and Family Services Agency.

Introduction.

There's an unconscionable level of poverty in Washington, D.C.¹ along with an unconscionable racial income and wealth gap.² And this poverty has consequences, too often poverty is the driver that results in a family's involvement in the child welfare/family regulation system. I am here today to discuss concerns about the ways in which the Child and Family Services Agency is failing to adequately address the issues our program participants navigate in striving to preserve their families.

Landscape of Poverty for DC Families

- The city's racial economic caste system of income and wealth inequality³ has consequences. In 2020, nearly 9 out of 10 open cases⁴ at CFSA involved neglect; and in 2019⁵, 4 out of every 5 D.C. cases in foster care, stemmed from neglect-based allegations alone.⁶ Neglect, defined by statute, includes harming the "health or welfare" of a child under 18 years of age and doing so through

¹ The Covid-19 pandemic has exposed and exacerbated long-standing racial inequities in D.C.; pre-pandemic, 1 in 4 Black DC residents lived in poverty; as did 13% of Latinx residents and 6.4 % of non-Hispanic whites; pre-pandemic, 26% of children in DC lived in poverty; and most of color; Black D.C. households are 13.5 times more likely to report they experience some food insecurity than White D.C. households. Whereas, pre-pandemic, on average, 35% of Black families headed by single mothers were impoverished, as were 34 percent of Hispanic headed households; and 22% of Asian-women headed households; Black women face disproportionately high unemployment rates -in January 2020, there were 4.8% fewer Black women in the labor force than a year before, and a 3.1% fewer white women; Black and Latinx women possess disproportionately greater caregiving responsibilities, work in [lower paying](#) jobs than their counterparts; experience health insecurity; are disproportionately essential workers; and due to Covid-19, between February and April, 18.8% of [Black women workers lost their jobs](#) and 20% of Latinx women were unemployed; women suffered all 140,000 of the job losses in December 2020; During the Pandemic the unemployment rate for Black workers has been as high as 16.7 % and 14.2% for White workers; 18.9% for Latinx workers and 13.6 for non-Latinx workers.

² <https://www.washingtonpost.com/business/2019/09/26/income-inequality-america-highest-its-been-since-census-started-tracking-it-data-show/>. See also <https://www.dcfpi.org/all/economic-inequality-in-dc-reflects-disparities-in-income-wages-wealth-and-economic-mobility-policy-solutions-should-too/>

³ This work is more critical than ever: pre-pandemic, on average, a little more than 33% of Black and Hispanic D.C. families headed by single mothers were impoverished, as were 22% of Asian-women headed households.³

⁴ <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf>

⁵ <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf>

⁶ [Child Maltreatment 2019 U.S. Department of Health & Human Services https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf](https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf) See also the figure is national, 75% (Children's Defense Fund The State of America's Children 2020 report)

failing to accord them “adequate food, clothing, shelter, education or medical care.”⁷

- Moreover about 12% of open cases involved families with housing insecurity, in both 2019 and 2020. And this year’s Oversight Hearing Responses indicate that removals were due in part to housing insecurity.

Evidence increasingly reveals the power of cash assistance in ameliorating conditions that lead to maltreatment reports, and the Agency should clearly report on the financial data of its participants and the funds specifically and separately spent on cash from its Flex Fund for families, as distinct from foster families.

We are focused on cash assistance and housing resources as prevention and want the agency to use its Flex Funds and resources as a policy to ameliorate conditions leading to removal. For example, we would like to see this done at the point of investigation and to prevent deeper involvement after an in-home services case is opened. Further, we seek to prevent permanent separation through provision of help with housing to aid reunification. What would make this possible is to start tracking and reporting parents’ financial status and also to break out how much of the Flex Funds are used for in-home services to parents. It would stand to reason they would then track and mitigate poverty as a causal factor by routinely offering cash assistance for routine concerns like homelessness and train social workers to facilitate access to this cash intervention at the investigation and in home services stages of involvement.

⁷ D.C. Code § 4-1341.01(1)-(3)

FUP vouchers.

In addition, with 12 percent of families in the CFSA caseload experiencing housing insecurity, we ask what is being done to maximize use of Family Unification Plan Vouchers for families that are at risk of homelessness. We seek detailed answers about the process by which staff are trained to identify and the criteria used to identify and refer families that are in need of housing assistance.

We also wish to raise due process issues.

1. Voluntary relinquishing and removal.

Regarding Agency responses to voluntary relinquishing and removal policy, we are aware that parents place children with the Agency out of frustration, after not having sufficient support to handle their needs. We view this as reflecting parents' lack of support and the fear of mandated reporting for neglect allegations when they seek support. We are aware of moms that want to relinquish their children temporarily and then lose track of their children. Their sense of remorse and shame and their desire to reunite is heartbreaking. In situations where parents approach the agency, do you refer them for legal counsel, and does Agency policy require that? Again, here we see a need for a right to counsel.

2. Safety planning.

As we testified in the DC City Council December Roundtable, safety planning in our experience includes acts of coercion and potential for coercion of parents into situations where they may agree to terms that are not feasible. A parent could, for example, plan to not leave children unsupervised when they have unpredictable shift work. Further,

once in place, while a stopgap, placing a child with a relative, could be followed by Agency staff encouraging relative caregivers to file adversarial custody complaints, rather than collaborate with the parent. These safety plans (and failure to comply with what could be infeasible plans) are too often then relied upon by judges in DRB family court cases. This constitutes an end-run by the Agency around the neglect cases and the statutorily compelled goal of reunification, an obligation that does not bind the DRB court. The DRB court favors keeping children with third party caregivers under a very high standard.

We have recommended that the Agency be required to refer parents with whom it engages around safety planning to legal services providers for legal advice. In fact, the Agency, along with our mom members, testified they were heartened to hear that the Agency might in fact support a right to counsel. What is the Agency's position on this issue?

Briefly, to respond to the responses that the Agency engage parents in limited power of attorney, this does not meet our idea of protecting parents' right to due process, or the fundamental rights to parents protected by the US constitution. I would argue it is engaging in provision of legal advice. If performed by non-lawyer staff, it appears at minimum to be unauthorized practice of law. And if by agency counsel, which I have no evidence to believe is occurring, it in fact would potentially be unethical as the Agency counsel would be potential adverse parties in a removal case. The way to address much of this, we assert, is right to counsel starting at the investigation stage.

Neglect statute. Narrowing the front door.

We applaud the Agency's efforts to consider shrinking the neglect statute. Our recommendations seek to narrow the front door to this system, to eliminate from the code most quickly the most troubling provisions, including educational neglect. For example, under that statute parents with children with intellectual disabilities experience typical child elopement and get excessive CPS reports against them. Where parents leave children unsupervised for brief stints to run errands, we see issues of CPS involvement.

These are a few of the examples. We highly encourage and want to work with the Committee on our ideas around continued work to narrow the front door into this system.

Conclusion

In relevant part, the DC Code defines a "neglected child" to mean a child whose deprivation is "not due to the lack of financial means of his or her parent, guardian, or custodian."⁸ Yet, the Agency appears to not maintain data related to parents' financial status. The Agency should use its discretion to provide cash assistance to every family at every stage of involvement with the agency. Similarly, the Agency should never leave a Flex Fund dollar unspent on parents nor a FUP Housing Choice unused! We urge the Committee to continue to explore why the Agency's policies fail to root out poverty among its parents with children in the Agency's custody.

⁸ DC Code 16-2301. 9(A)(ii)

Testimony of

Lisa Wilson

Foster Parent

Child and Family Services Agency

Performance Oversight Hearing FY22-23

COUNCILMEMBER JANESE LEWIS GEORGE, CHAIRPERSON

COMMITTEE ON FACILITIES AND FAMILY SERVICES

Friday, February 24, 2023, 12 p.m.

John A. Wilson Building
1350 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Thank you for the opportunity to testify today.

My name is Lisa Wilson, and I became a first-time foster parent last June, to an infant I will call “Baby Dee.” During the training I completed as a prospective foster parent, I learned that CFSA recognizes the impact of attachment, or the quality of relationship between an infant or child and their caregiver (Bowlby 1969/1982), on the child’s healthy development and lifelong wellbeing.

Understanding that children within the foster care system have experienced at least one attachment loss already, CFSA has identified two key practices to support children and minimize the trauma of separations. These include active communication between a child’s biological, foster, and any other caregiver placements; and the consistent provision of age-appropriate and adequate transitions between homes. Part of my role as a foster parent was to partner with the rest of Baby Dee’s team to implement these practices and I was 100% on board with that.

Unfortunately, neither of these practices were afforded to Baby Dee despite my best efforts to advocate on her behalf throughout the five and a half months she was in my care. And as I spoke with other foster parents, I learned that she is not alone. I learned that in a significant number of cases children have been moved from one home to another with inadequate support for the transition or none at all. So, I am here today to highlight the discrepancy that often exists between CFSA’s stated priorities and what occurs in practice, in hopes that I can be part of a solution to the problem.

Imagine a child loving an adult, depending on that adult to keep them safe and warm, to feed them, play with them, laugh with them, and comfort them. And one day, out of the blue, being put in a car with a stranger who takes them away and they never see that adult again. And imagine they had already lost the adult their life depended on at least once before.

Losses like these are traumatic, and there is a limit to how many such losses an infant or child can experience and still be able to form the next healthy attachment. As I tried to understand how the agency could repeatedly neglect the practices it has identified to minimize this trauma, I learned that there is no system in place to measure, report, or track implementation of these two practices. It is said that in the demanding world of human services it is only the things that are measured and reported that consistently get done. Consequently, there is no reliable assurance that children entrusted to CFSA’s care will receive the promised attention to their attachment needs.

In contrast, the things that are being measured and regularly reported for every child in foster care are the number of days the child has been in a non-familial placement and what efforts have been made to move the child as quickly as possible to a familial or kinship placement. Every 90 days the child’s social worker meets with their supervisor to review these two data points.

As worthy as these efforts are, in the absence of measured and reported benchmarks to ensure a process supporting the child’s attachment needs, this focus on speed can predictably result in the omission of a thoughtful transition.

This insight offers a way forward that better serves children and families. And this is the golden moment to choose that path as you establish priorities for this newly constituted committee, and as a new ombudsman sets up her office under your direction.

Fortunately, it turns out that individuals and groups have raised concerns about transition plans many times in the past and a lot of hard work has already been done. A foster parent workgroup made extensive recommendations to CFSA in 2019, and in 2020 CFSA developed a Placement and Matching Protocol (available on dc.gov) in partnership with the Parent Advisory Committee that was active at that time. Together, these serve as an excellent starting point.

With that in mind I request your consideration of the following recommendations:

1. As a committee, make children's attachment needs a priority by focusing sustained attention on matters related to the effective facilitation of communication between a child's biological, foster, and any other caregiver placements; and the consistent provision of age-appropriate and adequate transitions between homes.
2. Review the Placement and Matching Protocol and parent workgroup recommendations. Consider any existing barriers and potential aids to implementation along with any needed updates in response to current circumstances.
3. Work with the ombudsman's office to identify data points and metrics related to communication between a child's biological, foster, and any other caregiver placements; and the consistent provision of age-appropriate and adequate transitions between homes.
4. Encourage CFSA to incorporate these data points and metrics in the established 90-day case reviews and report the data to this committee.
5. Encourage CFSA to discuss transition plans and communication between caregivers (including biological, nonfamilial, and kinship placements) at the initial and every subsequent Family Team Meeting and case planning meeting. In this way, expectations can be set from the beginning that an age-appropriate and adequate transition plan will be utilized whenever a child moves from one home environment to another and that any transitions will be facilitated by an established relationship between caregivers.

Building on the good work that has been done in the past, this committee can take the final steps needed to ensure that every child entrusted to the care of DC CFSA receives the timely and essential support they need for healthy attachment and a joyful future.

Again, I want to thank you for the opportunity to testify today, and I would welcome a chance to discuss any of these thoughts or recommendations with you further.

Bowlby J. *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books; 1969/1982.
([Google Scholar](#))

MARILYN WILSON
PUBLIC WITNESS
February 24, 2023

Good afternoon, Chairperson Lewis-George and Members of the Committee on Facilities and Family Services. My name is Marilyn Wilson and I am a resident of Ward 3, a participant in the FRSP, also called Rapid Rehousing, and a relative caregiver to a severely disabled four and a half year old boy. I have guardianship of him and think of him as my son.

My son has severe health issues due to his biological mother's drug use and neglect of him. Today, my son is not mobile, is nonverbal, needs a gastric or "G" tube to eat, and requires frequent suctioning so that he can breathe. He also has a life-threatening seizure disorder that has been the cause of multiple trips to the emergency room and hospitalizations. My son requires around the clock care and I am the one who provides it. I cannot have a job because my son's needs are even greater than a new-born baby. We live on my son's SSI benefits of \$768 a month but that is not enough money to take care of him properly and to support us. We need financial help.

With the help of DC KinCare Alliance lawyers, I applied to the Close Relative Caregiver Program in September of 2022 and was approved on December 6, 2022. But, because CFSA takes my son's SSI benefits into account when they calculate our CRCP benefits, our benefit amount is zero. I couldn't believe it! How can we be financially eligible for a program but our benefit amount is zero?

I was so upset! 2022 was such a tough year for us. First, we had to move out of a relative's home where we were staying because the smoke from her drug use was triggering my son's seizures. We lived in a homeless shelter in Ward 3 for months before we got our apartment. I thought things were finally looking up for us and then, right before Christmas, I found out that we wouldn't be getting any CRCP benefits. I was counting on that money! DC KinCare Alliance helped me with Christmas gifts for my son but what am I supposed to do now?

I think that the CRCP is a great program that provides necessary support to relative caregivers like me, who take care of children who are not their own. But the benefits need to be calculated in a way that is fair! SSI payments are for disabled children because they are more expensive to raise than children without special needs. My son's SSI benefits should not be taken into account when CFSA calculates the amount of CRCP benefits that we are eligible for. Caregivers of children without special needs can work outside their home but I can't. How am I supposed to take care of my child on \$768 a month!

Today I ask the Council to change the law so that, when CFSA calculates our CRCP benefits we actually get some money. CRCP benefit amounts should not be reduced because a child receives SSI benefits. Children with disabilities need CRCP benefits more than children who don't have disabilities, not less! I turned to CFSA because I thought they could help me and my son, but they didn't. My son matters just as much as any other child who doesn't have disabilities and he deserves better!

Thank you for listening to our story.